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NINTH ANNUAL CONVENTION

OF THE

# Nurses' Associated Alumnæ of the United States

HELD IN

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION BUILDING

DETROIT, MICH.

JUNE 5, 6 and 7, 1906

MINUTES OF THE PROCEEDINGS

## HONORARY MEMBERS

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Delegate.....MISS MINNIE A. VAN EVERY (3 votes).

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No delegate.

Children's Hospital, Boston — Secretary, SISTER AMY, % Children's Hospital, Boston, Massachusetts.
No delegate.

Children's Hospital, San Francisco — Secretary, Miss JENNIE B. HENDERSON, 3700 California Street, San Francisco, California.
Delegate.....MISS ELIZA STEVENS (2 votes).

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No delegate.

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Faxton Hospital, Utica.....{Secretary, Miss SARAH A. WOGLUM, 97 Lenox Avenue, Oneida, New York.
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Freedmen's Hospital, Washington.....{Secretary, Miss M. A. THOMAS, 1636 O Street N. W., Washington, D. C.
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Garfield Memorial Hospital, Washington.....{Secretary, Miss GEORGINA GRAHAM, "The Victoria," Washington, D. C.
Delegate.....MARY C. GANNON.

German Hospital, Brooklyn.....{Secretary, Miss ELIZABETH PHILLIPS, 255 Lafayette Avenue, Brooklyn, New York.
No delegate.

German Hospital, New York City.....{Secretary, MISS KATE MARTENSEN, 1107 Lexington Avenue, New York City.
Delegate.....MISS FREDA HARTMANN (2 votes).

Germantown Dispensary and Hospital, Philadelphia .....{Secretary, Miss JANE M. BEIDELMAN, 1704 St. Paul Street, Wayne, Philadelphia.
Delegate.....MISS HELEN COTTER.

Grace Hospital, Detroit.....{Secretary, Miss ALBA RANSOM, Grace Hospital, Detroit, Michigan.
Delegate.....MISS FRANCES S. DRAKE.

Hahnemann Hospital, Chicago.....{Secretary, Miss GENEVIEVE KIDD, 6034 Greenwood Avenue, Chicago, Illinois.
No delegate.

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Hartford Hospital .....{Secretary, Miss SARAH L. HARRISON, 771 Asylum Avenue, Hartford, Connecticut.
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Hope Hospital, Fort Wayne.....{Secretary, Mrs. M. S. ELLIOTT, Hope Hospital, Fort Wayne, Indiana.
Delegate.....MISS MARY DYBLE.

Hospital of the Good Samaritan, Los Angeles, California.
Secretary, Miss PEARL E. MATTHEWS, 949 West Seventh Street, Los Angeles, California.
No delegate.

Hospital of the Good Shepherd, Syracuse.....
Secretary, Mrs. HARVEY D. BURRILL, 1602 S. State Street, Syracuse, New York.
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Secretary, Miss MARGARET A. MASTERSON, 33 Richmond Avenue, Pittsfield, Massachusetts.
Delegate.....MISS ANNA G. HAYS.

Illinois Training-School, Chicago.....
Secretary, Mrs. CASSIUS D. WESTCOTT, 5735 Washington Avenue, Chicago, Illinois.
Delegates.....ISABEL McISAAC, JEAN WILSON, GRACE WATSON, MINNIE H. AHRENS, MATHILD KRUEGER, K. DE WITT (6 votes).

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Delegate.....MISS EDNA HUMPHREY.

Jefferson Medical College Hospital, Philadelphia
Secretary, Miss OLIVE E. MOCUMBER, Jefferson Hospital, Philadelphia.
No delegate.

Jewish Hospital, Cincinnati .....
Secretary, Miss GERTRUDE R. BRYAN, 2118 St. James Avenue, Cincinnati, Ohio.
No delegate.

Jewish Hospital, Philadelphia .....
Secretary, Miss REBECCA R. HALSEY, 6043 Germantown Avenue, Philadelphia.
Delegate.....MISS FLORA B. LOVESTEIN.

Johns Hopkins Hospital, Baltimore .....
Secretary, Miss GERTRUDE MILLER, 1123 Madison Avenue, Baltimore Maryland.
Delegates.....MISS REBA THELIN, MISS E. B. BARWICK, MISS B. F. SCHEUBE, MISS F. M. MANSON (6 votes).

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Secretary, Miss ROBERTA E. GEGG, Kings County Hospital, Brooklyn, N. Y.
Delegate.....MISS HELEN L. BAILEY.

Lakeside Hospital, Cleveland.....
Secretary, Miss BERTHA M. FLOHR, Lakeside Hospital, Cleveland, Ohio.
Delegate.....MISS LOTTIE DARLING (2 votes).

Lebanon, New York .....
Secretary, Miss MARGUERITE J. CLANCY, 1053 Finton Avenue, New York City.
Delegate.....MISS MARGUERITE J. CLANCY.

Long Island College Hospital, Brooklyn.....
Secretary, Miss JESSIE E. WILEY, 128 Pacific Street, Brooklyn, N. Y.
Delegates.....MISS MATHILDA DECKER, MISS ANNA DAVIDS (3 votes).

Maine General Hospital, Portland.....
Secretary, Miss ANGELIA A. PIERCE, 610 Congress Street. Portland, Me.
Delegate.....MRS. ELIZABETH SPOFFORD (2 votes).

Maryland General Hospital, Baltimore .....
Secretary, Miss ADA R. ROSENTHAL, 1705 Harlem Avenue, Baltimore, Md.
Delegate.....MISS VIRGINIA B. LORENTZ.

Maryland Homeopathic Hospital, Baltimore ....
Secretary, Miss LILLIE KOHLMAN, 1011 Arlington Avenue, Baltimore, Md.
No delegate.

Massachusetts Homeopathic Hospital, Boston ..{Secretary, Miss CARLOTTA A. MARSHALL, Vose Hall, Stoughton Street, Boston.

Delegate.....MISS CARLOTTA A. MARSHALL (2 votes).

Massachusetts State Hospital, Tewksbury.....{Secretary, Miss JESSIE W. MICKLE, Tewksbury, Mass.

Delegate.....MISS HELEN A. WEST.

Methodist Episcopal Hospital, Brooklyn .....{Secretary, Miss MARGARET CULBERT, 503 Tenth Street, Brooklyn, N. Y.

Delegates.....MISS VICTORIA ANDERSON, MISS LILLIAN L. WATERMAN.

Methodist Episcopal Hospital, Philadelphia ....{Secretary, Miss JENNIE G. WICK, 16 South Sovereign Avenue, Atlantic City, N. J.

Delegate.....MISS JENNIE W. MICK.

Metropolitan Hospital, New York .....{Secretary, Mrs. HENRIETTA McGUIRE, 211 West 101st Street, New York City.

Delegate.....MRS. HENRIETTA McGUIRE (2 votes).

Mercy Hospital, Chicago.....{Secretary, Miss STELLA JOHNSON, 3027 Indiana Avenue, Chicago, Ill.

No delegate.

Michael Reese Hospital, Chicago .....{Secretary, Mrs. MAY BACHE, 1008 East Sixtieth Street, Chicago, Ill.

Delegate.....MISS E. DEAN SMITH.

Mt. Sinai Hospital, New York .....{Secretary, Miss BERTHA KRUER, 635 Park Avenue, New York City.

Delegates.....MISS BERTHA KONER, MISS JULIA CORRELL (3 votes).

National Homeopathic Hospital, Washington ...{Secretary, Miss MARY E. FOWLER, 1231 New Jersey Avenue, Washington, D. C.

No delegate.

New England Hospital, Roxbury .....{Secretary, Miss D. HODGINS, 13 Drinock Street, Roxbury, Mass.

Delegate.....MISS MARGARET J. WRIGHT (2 votes).

New Haven Hospital, Conn .....{Secretary, Mrs. ISABELLA A. WILCOX, Pine Meadow, Conn.

Delegate.....MRS. ISABELLA A. WILCOX.

Newport Hospital .....{Secretary, Miss EDITH A. BABCOCK, 2 Parkman Place, Dorchester, Mass.

No delegate.

Newton Hospital.....{Secretary, Miss JANET HAMMINGTON, 30 Pearl Street, Newton, Mass.

Delegate.....MISS EMMA A. DOE.

New York City Hospital.....{Secretary, Miss MARTHA E. BOLLERMAN, 125 West Twenty-First Street, New York City.

Delegate.....MRS. W. J. MITCHELL (4 votes).

New York Hospital.....{Secretary, Miss MARTHA M. RUSSELL, 447 West Fifty-Ninth Street, New York City.

Delegates.....MISS MARGARET G. JENKINS, MRS. C. V. TWISS.

New York Post-Graduate Hospital.....{Secretary, Miss GERTRUDE E. SELDEN, 167 East Sixty-Ninth Street, New York City.

Delegates.....MISS MARGARET ANDERSON, SARAH J. GRAHAM, GERTRUDE E. SELDON, ELEANOR B. BROWN.

North Adams Hospital.....{Secretary, MISS ANNIE MOSSIP, 25 Arnold Place, North Adams, Massachusetts.

No delegate.

Old Dominion Hospital, Richmond, Va.....{Secretary, MISS ELIZABETH R. P. COCKE, Box 22, Bon-Air, Virginia.

Delegate.....MISS ELIZABETH R. PRESTON COCKE.

Orange Memorial Hospital.....{Secretary, Miss ANNA E. GREATSINGER, 449 Main Street, Orange, New Jersey.

Delegate.....MISS ELIZABETH PIERSON (3 votes).

Pasadena Hospital, Pasadena, California.....{Secretary, Miss EMMA E. CLARK, 931 Cypress Avenue, Pasadena, California.

No delegate.

Paterson General Hospital.....{Secretary, Miss JEAN M. MACDONALD, 211 Park Avenue, Paterson, New Jersey.

Delegate.....MISS E. HUDSON.

Pennsylvania Hospital, Philadelphia.....{Secretary, Miss EMMA C. LINDBERG, Pennsylvania Hospital, Philadelphia, Pennsylvania.

Delegates.....MRS. FREDERICK HENDERSON, MISS MARGARET GORDON.

Philadelphia Hospital .....{Secretary, Miss M. LOUISE VAN THYUNE, 425 Vine Street, Philadelphia.

Delegates.....MRS. M. P. WARMUTH, MISS A. RINDLAUB (4 votes).

Philadelphia Polyclinic Hospital.....{Secretary, Miss M. EVELYN WALKER, Polyclinic Hospital, Philadelphia.

No delegate.

Pittsburg Homeopathic Hospital .....{Secretary, Miss WILHELMINA DUNCAN, 43 Federal Street, Pittsburg, Pa.

Delegates.....WILHELMINA DUNCAN, LAURA S. NOYES.

Presbyterian Hospital, New York.....{Secretary, Miss MARGARET A. BEWLEY, 1041 Lexington Avenue, New York City.

Delegates.....MISS J. M. NEWHART, MISS ELIZABETH RUSSELL (3 votes).

Presbyterian Hospital, Philadelphia.....{Secretary, Miss FLORENCE LONGENECKER, 57 North Thirty-Ninth Street, Philadelphia.

Delegates.....MISS JENNIE A. MANLY, MISS HULDAH RANDALL (3 votes).

Protestant Episcopal Hospital, Philadelphia.....{Secretary, Miss MARY J. HILL, 416 South Fifteenth Street, Philadelphia.

Delegates.....MISS ANNA C. NEDWILL, MRS. NELLIE F. CROSSLAND (3 votes).

Providence Hospital, Washington.....{Secretary, Miss EVELYN B. RIDGWAY, 1322 Columbia Road, Washington, D. C.

Delegate.....MISS EVELYN B. RIDGWAY.

Provident Hospital, Chicago.....{Secretary, Miss NETTIE E. BUTLER, 3212 Indiana Avenue, Chicago, Ill.

Delegate.....MISS EFFIE V. HOFFMANN.

Reading Hospital .....{Secretary, MISS SARA M. GREEN, 933 North Fifth Street, Reading, Pa.

No delegate.

Rhode Island Hospital, Providence .....{Secretary, MISS MARIETTA C. GARDWIN, 97 Angell Street, Providence, R. I.

Delegates.....MISS WINIFRED L. FITZPATRICK, MISS BERTHA G. PERRY.

Rochester City Hospital.....{Secretary, MRS. MARY L. ST. JOHN, 580 Main Street, E., Rochester, N. Y.

Delegate.....MISS CORNELIA AYERS (2 votes).

Rochester Homeopathic Hospital .....{Secretary, MISS HELEN WINANS, 224 Alexander Street. Rochester, N. Y.

No delegate.

Roosevelt Hospital ..... Secretary, MRS. GRACE R. EPPES, Hartsdale, N. Y.
Delegate.....MISS LOUISE C. MASSON (2 votes).

Salem Hospital..... Secretary, MISS ELEANOR HOLLAND, 7 Federal Street, Salem, Mass.
No delegate.

St. Barnabas Hospital, Minneapolis ..... Secret'y, MISS CARRIE M. RANKIELLOUR, 121 South Eleventh Street, Minneapolis, Minn.
Delegate.....MISS CHARLOTTE A. ROBERTS.

St. Joseph's Hospital, Chicago..... Secretary, MISS EMILY R. SEXTON, 263 Webster Avenue, Chicago, Ill.
No delegate.

St. Joseph's Hospital, Paterson ..... Secretary, MISS ISABEL McDONALD, 711 East Eighteenth Street, Paterson, N. J.
No delegate.

St. Joseph's Hospital, Philadelphia ..... Secretary, MRS. M. T. NAILLE, 5246 De Lancey Street, West Philadelphia.
Delegate.....MISS ELIZABETH G. ALBERT.

St. Luke's Hospital, Chicago..... Secretary, MRS. HERMAN D. PETERSON, 1800 Michigan Avenue, Chicago, Ill.
Delegates .....MISS EVA A. MACK, MISS E. G. DEAN, MISS MARY FORBES.

St. Luke's Hospital, New Bedford..... Secretary, MISS HARRIET M. CREED, 33 Arch Street, New Bedford, Mass.
Delegate.....MRS. LEONILDA F. LOWRY.

St. Luke's Hospital, New York ..... Secretary, MISS M. L. DEWILDE, 86 Park Avenue, New York City.
Delegate.....MISS MAY FARR (3 votes).

St. Luke's Hospital, San Francisco..... Secretary, MISS EMMA S. FULLER, St. Luke's Hospital, San Francisco, Cal.
No delegate.

St. Luke's Hospital, South Bethlehem..... Secret'y, MRS. H. THRELKELD-EDWARDS, Fourth Street, South Bethlehem, Pa.
No delegate.

St. Luke's Hospital, St. Paul..... Secretary, MISS MARY WOOD, 609 Baltimore Building, St. Paul, Minn.
Delegate.....MISS MARY WOOD.

St. Mary's Hospital, Brooklyn..... Secretary, MISS LILLIAN WARDE, 905 Union Street, Brooklyn, N. Y.
Delegate.....MISS MARGARET McCARTHY.

St. Mary's Hospital, Detroit, Mich. ..... Secretary, MISS EDNA MARTIN, St. Mary's Hospital, Detroit, Mich.
Delegate.....MRS. ELIZABETH MAHON.

S. R. Smith Infirmary, New Brighton..... Secretary, MISS MARY GRIGG, 14 Westervelt Avenue, New Brighton, S. I.
No delegate.

State Hospital of the Northern Anthracite Coal Region of Pennsylvania, Scranton ..... Secretary, MISS HARRIET B. GIBSON, State Hospital, Scranton, Pa.
No delegate.

Toledo Hospital ..... Secretary, MISS MEDORA L. COTTON, 1923 Vermont Avenue, Toledo, Ohio.
Delegate.....MISS MEDORA L. COTTON.

Union Benevolent Association Hospital, Grand Rapids ..... Secretary, MISS MARY L. SIMM, Care of U. B. A. Hospital, Grand Rapids, Mich.
Delegate.....MRS. KATHERINE McDONALD.

Union Protestant Infirmary, Baltimore..... Secretary, MISS W. T. LOWER, Union Protestant Infirmary, Baltimore, Md.
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University of Maryland Hospital, Baltimore..... Secretary, MISS MARGARET S. BROWN, 3 West Mount Vernon Place, Baltimore, Md.
Delegate.....MISS MARY E. ROLPH (2 votes).

University of Michigan Hospital, Ann Arbor.... Secretary, MISS FANTINE PEMBERTON, 620 Forest Avenue, Ann Arbor, Mich.
Delegate.....MISS MARY C. HAARER.

University of Pennsylvania Hospital, Philadelphia ..... Secretary, MISS NELLIE M. CASEY, 814 South Tenth Street, Philadelphia, Pa.
Delegates.....MISS KATHARINE E. DAMM, MISS LYDIA V. GIBERSON (3 votes).

Virginia Hospital, Richmond..... Secret'y, MISS AGNES DILLON RANDOLPH, 914 West Grace Street, Richmond, Va.

Wesley Hospital, Chicago..... Secretary, MISS EDITH STANDISH BEILSTEIN, 1600 West Fifty-First Street, Chicago, Ill.
Delegate.....MISS ETHEL F. JARDINE.

Western Pennsylvania Hospital, Pittsburg..... Secretary, MISS MAUDE J. McMULLEN, 124 North Linden Avenue, Pittsburg, Pa.
Delegates.....MISS ELIZABETH REED, MISS LEIGH O. THOMPSON.

West Side Hospital, Chicago..... Secretary, MISS MARGARET E. DAVIDSON, 335 Eastwood Avenue, Chicago, Ill.
No delegate.

Wilkesbarre City Hospital..... ..... Secretary, MISS EMMA LEWIS, 354 South Main Street, Wilkesbarre, Pa.
No delegate.

Williamsport Hospital..... Secretary, MISS R. ELIZABETH SWEELY 436 Edwin Street, Williamsport, Pa.
No delegate.

Worcester City Hospital..... Secretary, MRS. FRANK STOWELL, 212 West Boylston Street, Worcester, Mass.
No delegate.

[The addresses of secretaries of State Associations will be found in the regular Official Directory at the back of the magazine.]

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Delegate.....MISS GENEVIEVE COOKE.

Colorado State Trained Nurses' Association.
No delegate.

District of Columbia, The Graduate Nurses' Association of
Delegate.....MISS ANNA J. GREENLEES.

Indiana State Nurses' Association, The
Delegate.....MISS MARY B. SOLLERS.

Illinois State Nurses' Association, The
Delegate.....MISS MINNIE H. AHRENS.

Iowa State Association of Graduate Nurses.
Delegate.....MISS GRACE E. BAKER.

Maryland State Association of Graduate Nurses, The
Delegate.....MISS MARY C. PACKARD.

Massachusetts State Nurses' Association, The
Delegate.....MISS M. E. P. DAVIS.

Michigan State Nurses' Association, The
Delegate.....MISS A. M. COLEMAN.

New York State Nurses' Association, The
Delegate.....MISS FRIDA L. HARTMAN.

North Carolina State Nurses' Association, The
Delegate.....MISS MARY L. WYCHE.

Ohio State Nurses' Association, The
Delegate.....MISS EMMA A. DOE.

Pennsylvania, The Graduate Nurses' Association of the State of,
Delegate.....MISS ANNA E. BROBSON.

Virginia, The Graduate Nurses' Association
Delegate.....MISS M. EVELYN BRYDON.

TOTALS.

108 Alumnae Associations,
114 State Associations,
126 Delegates,
167 Votes.

# THE PROCEEDINGS OF THE NINTH ANNUAL CONVENTION

## DETROIT, MICH., JUNE 5, 6 AND 7, 1906

*Tuesday, June 5*

Eight A.M.—Presentation of credentials, registration of delegates and payment of annual dues.

At three P.M. the president took the chair, saying: "Our meeting will be opened by prayer by the Rt. Rev. Charles D. Williams, D.D., Bishop of Michigan."

Invocation.—Bishop Williams.

THE PRESIDENT.—In the absence of the mayor of the city, who has been unavoidably called out of town, the address of welcome will be given by Alderman Heinemann for the mayor.

ALDERMAN HEINEMANN.—*Mrs. President and Ladies of the Convention*: I beg to assure you at the outset that your presiding officer does not properly designate what I am about to say in speaking of it by the dignified appellation of an address. I have been asked, in the absence of the mayor, to come up here and say a word of welcome to this convention. The mayor,—I will take advantage of his dereliction,—is a bashful man, and afraid of the ladies, so he didn't come; and while I say that I myself am not personally afraid of the ladies, I will confess this much, that I feel like emulating the example of the good bishop when I look upon this convention, and begin to say my prayers, too.

What need of any word of welcome on behalf of the City of Detroit to such a convention as this one is? Indeed, is there any place in this wide world where women engaged in the work you have been about, and are to do here, should need to be welcomed?

We call Detroit a great manufacturing city, a city of many and diversified industries, and 'most every day we have a convention here which it is the privilege of some official or other to welcome to the city of conventions, and of manufactories, and things of that kind. But what, indeed, are the products of those bodies compared with the product that you are turning out from your hearts and hands and brains every day, or is there an organization so glorious and useful as a convention of nineteenth-century trained nurses?

It is not because there is any feeling upon the part of the city herself that a welcome to you is required, but I might say it is simply to indicate by a brief word the honor the city feels to have a convention of this kind within its borders. You are assembled on a site unusually well devoted to service of the highest kind. Churches of various denominations have stood on this site for more than half a century. You are welcomed here in a building which is devoted to good works, which are the very essence of true religion. Yet nothing has ever transpired here, no prayer that has ever been offered in exultation or song that has ever gone forth or can evermore, to make this more hallowed ground than the assemblage of such a convention and of such workers as are represented here on this floor.

Permit me to say, Mrs. President, to you and every one of the delegates and

visitors, that the City of Detroit feels honored in having you here and in welcoming you. That your work will be successful and useful in every respect no one will doubt, from a perusal of your program and from the earnestness with which every person knows your work in the past has been accomplished.

Let me say just this one word for the City of Detroit. You will be interested because it bears upon the line of your work. It is a city whose death-rate and whose sick-rate can be favorably compared with any city in the country. And more than that. It is a city of happy and contented people. Why is that? Simply because we watch our people so. As you go in and out of our streets you will find parks, a beautiful river, boulevards and spots for the people to rest from their labors. It is that that makes strikes in it almost an unknown thing. The report for the last year indicates but one strike in the City of Detroit for a year and a half past. It is because we have a contented people, and we are proud to say we are a city of workers and of happy and contented workers. We extend to you, in connection with your work, something of that relaxation that makes our people and city successful,—we welcome you not only to the labors on your program, but to everything that is uplifting and beautiful and exhilarating in and about our city, and trust you will go feeling amply paid for your stay with us. That your convention will be a successful one is the wish of every one of the four hundred thousand men, women and children of the City of Detroit, and that your visit here will be equally pleasant. We hope you will enjoy yourselves while you are here and take away such an impression of Detroit that, when you are through laboring and your vacations come around, you will desire to spend your leisure with us and become a part of the City of Detroit. You are all, each and every one of you, heartily and cordially welcome.

THE PRESIDENT.—We also have the pleasure of listening to an address of welcome from Mrs. Robert J. Service, President of the Twentieth Century Club of Detroit.

MRS. SERVICE.—*Madam President and members of the assemblage*: It gives me very great pleasure, indeed, although I am quite overwhelmed to appear upon a platform with these dignitaries, to welcome you formally yet warmly in the name of the thousands of women of Detroit. You are doubtless aware that the men will admire and praise you, but the women will appreciate you.

I have a confession to make to you this morning, that it has been only by slow degrees that I have gained any real knowledge of the work, life and character of a trained nurse. A good many years ago, when I was a school girl, I read, as school girls do, a great many books which were not true to nature and life, and I question whether they were not on the whole quite as good as the realistic style to which we have lately given our attention. At any rate they presented to the mind, if not real characters, ideal characters; and one of those characters most frequently presented was that of the woman who in time of sickness was the best friend of the patient, who spent her time sitting around the bedside, and with her cooling hands smoothing back the locks from the heated brow. I confess that appealed to me very strongly; and at times, in my youthful days, my ideals wandered between the physician and the trained nurse.

My mind was called from that ideal when my first experience began. In response to my attempt to smooth his locks he gave a sort of growling request to be let alone. But it remained for an experience in my own home to teach me that a nurse does not do very much of sitting by the bedside, but is constantly trying to do something for the comfort or pleasure of the patient.

One of my earliest experiences with a real trained nurse happened to be with a

lady who had been trained in a school of deaconesses in Germany. I don't know whether many of you know anything about that school. I knew nothing of it, and listened with very great interest to her account of the order of deaconesses who were called sisters, and especially to her own experience when, on the very greatest day of her life, she received from the hands of the German Empress her diploma, a commission to enter this order. She took her diploma and went out in the world in a halo of glory, raised above the frivolities of this life and almost above this mundane sphere, not only in her own estimation, however, but in the estimation, apparently, of those to whom she ministered.

Many of you have been welcomed to the sickroom with open arms, as you always are, and after forty-eight hours or more of constant watching and work, when you have suggested you would like a little rest, have been met with the reminder that they thought you were there to take care of the patient, and that it was supposed rest and fresh air in some way were not essential for a trained nurse.

I can only repeat what Mr. Heinemann said to you this afternoon in extending to you a cordial welcome to the City of Detroit; and we will still leave you time to eat and sleep.

THE PRESIDENT.—*Ladies and Gentlemen*: I wish to express our full appreciation of the kind words of welcome we have received this afternoon. We are all glad to be here, and we surely appreciate the hospitality of the people of Detroit. The nurse's duties are rather serious at times, and these relaxations are a benefit to her. We are a new profession. There are many members of our association now living who are among the first trained nurses of the country. We have found some estimation in the eyes of the people as ministering angels, and we are recognized as necessary in that capacity, and of value to the community in many other places, but we are striving to demonstrate that trained nurses can do their part in other situations. We are wanted now as probation officers in the courts, we are appointed house inspectors, we are chasing the little microbes in all their lairs, and we are trying to take care of the well as well as the sick. May we be received as health nurses as well as sick nurses.

I am sure in expressing our appreciation of our welcome here to this beautiful city of happy homes and healthy surroundings we can have no better wish for the people of Detroit than that as we strive more efficiently to care for their sick they may still the less need our services.

## ADDRESS BY THE PRESIDENT

FELLOW-MEMBERS: No greater pleasure, I am sure, comes to many of us than the meeting in these annual gatherings of the Nurses' Associated Alumnæ, growing each year in numbers and in interest, and full of enthusiasm, as each year we press forward and upward in our work with a clearer vision and with a broader horizon, so that former boundaries that shut us in now seem but as a part of the plain below. We have had to climb for our experience, but with the effort has come freedom and breadth of vision, "for those who see farthest see also all that lies between."

Time is an essential element in the development of strength and

character in the individual, and the same is also true of the organization or union of individuals. We all have an important duty to perform in the promotion of our ideals. The Association is not the essential property of the president or officers, nor are they wholly responsible. The constant personal interest of all the members is needed, not merely as spectators but as coöperative workers. It has been said that women are unused to team play or responsibility, and we need to develop this spirit of coöperation. The broadening out means more burdens and more self-sacrifice, but, with confidence in our members and assurance that each will do her part, we can say that the years that lie before us will be years of service and bright promise as have been the past.

We are here to-day because others have been and have wrought before us. They in their day did their work "obedient to the vision" before them, and each year new workers join us to help in the development of this great profession of ours, of which in this broad land we stand the representatives.

We welcome to-day six State Associations into affiliation. One from a state in the far west bearing to-day its burden of sorrow and loss, but with the noble spirit of all its men and women,—that *nil desperandum* spirit, inherent, as its president says, in every native daughter, rising above disaster, with strengthened purpose to nobler and greater work. One joins us from the southland with its own peculiar nursing problems, but the first among us to secure state registration. The others, some but lately organized, but each and all bringing their messages, their plans, their enthusiasm, and their assistance, to the mother organization. To these, with all the new associations of alumnæ members, who are joining with us in furthering the efficient care of the sick, and advancing the educational standards of the nursing profession, we extend a hearty welcome. We meet here as a deliberative body, not a legislative, to discuss the matters which affect us as a profession, as women whose vital interest should be the health and the welfare of the nation. We meet that we may still broaden our outlook and be drawn into the fuller current of life out of our isolation and our self-interests, and gain the inspiration and stimulus which we feel each one of us needs.

What are some of the questions which are agitating the nursing world to-day? First of all, perhaps, state registration, which has been secured in eight of our States, in South Africa, in New Zealand and Australia, and lately in Germany, and which seems a little nearer adoption in England.

We hope at this meeting to have reports of the progress made

by our affiliated state societies in this direction, and we hope also to give opportunity for informal discussion on matters of detail in our state work, formulation of uniform standards and rules, and for some practical suggestions to those who are in perplexity and encountering opposition in their work. In these efforts towards advancing and regulating our profession let all take part, not considering inclination, but duty; not offering criticism, but assistance; not silent when we should use our voices, nor idle when there is work to be done; each assuming her due share of responsibility, and all working together for the good of the whole, with clear sight as to our aim and vigorous determination as to action. In this extremely practical age we are often not inclined to listen to ideas of a not immediately practical nature. But are not these often the very ones which count most of all in our life? Our national organization should constantly keep before us an ideal. We want to develop the spirit of efficiency and to meet with success, but we want also to remember that these are only the means to the attainment of an end. Our aim! What should it be? To bring intelligent knowledge and service to bear upon the prevention of disease, and ability and willingness to give proper and efficient nursing care to all our sick in all the homes and all the institutions of our land. Does it occur to us that our opportunities and our resources, unless they are made the most of, become our reproach instead of our pride? We are proud of our foundations, our history, our accomplishments and our acquiescent acceptance by the public, but let us, too, be working, working to make our real accomplishments the greater.

With the increase of our privileges there must be a growing sense of our responsibility as nurses. Can we say to the public that, as registered nurses to whom the state has certified it considers us efficient women fully fitted to care for its sick, that it is only its rich sick who can pay us well, and its poor sick who can pay us nothing, that we will undertake to nurse? Between them lie a great multitude entitled to the same nursing care as their richer and poorer brethren, but little attempt has been yet made to meet the needs of this large section of the community. Many suggestions have been made, but little definitely has as yet been worked out.

A suggestion has been made that hospital accommodation might be provided by the setting aside of a number of wards for the reception of patients able to pay a certain sum, and be supported in part by annual contributions given in consideration that the subscribers should be entitled to be admitted as patients upon further payment of a small weekly sum. This plan might be helpful to a large number

now unable to enter as pay patients and unwilling to enter the free wards. It might also increase the number of subscribers. In these wards, too, might there not be opportunity to give the nurse special training for private duty and time for the little attentions which we are told the rush and work of the large hospital ward do not permit?

A home coöperative scheme has also been suggested by an English nurse, similar to that of the hospital plan, by the formation of a coöperative society of subscribers paying a fixed sum annually, whether sick or well, entitling them to the services of a nurse in sickness. This could be organized in connection with a nurse's registry, or independently, the nurses paid a fixed salary and boarding themselves when not at cases. Another plan being tried in one or two cities is that the nurse lowest on the registry list shall be sent to families unable to pay the highest fees, and being replaced as she rises to the top of the list.

The most feasible plan at present seems to be the system of hourly or visiting nursing. There are many places now where in this way a nurse is proving that her attentions for an hour or two daily are of inestimable benefit and where her services would not be called for in any other way. The great difficulty of providing accommodation for the nurse in city flats or small houses is often so great as to necessitate dispensing with her services altogether even if it were possible to pay for them. There seems no reason why the nurse should not make her daily calls as well as the doctor, and have the possibility of her own home and home life, which are so essential to her well-being. Cannot much of the dissatisfaction with private nursing and criticism of nurses be traced to this fact,—the crushing of her individuality? She is considered as a nurse, not a woman. Nursing, the work of women through all the ages, in mediæval times the vocation of a chosen few, in these latter days one of the earliest openings for women to independence, still clings to the mediæval idea of community life and rules for the nurse in training, and as one of the domestic attachments when her services are needed in the home. The conditions of her work both before and after graduation are so narrowing, so lacking in opportunity for contact with others, for friendship and living the normal free life of other women, that no wonder so many become dissatisfied with what is truly one of the most noble occupations for women.

We hope that some plan may be presented at this meeting which will meet a very real need, to give efficient nursing to those who need the services of the nurse, and are willing to pay according to their ability for them.

The spread of district nursing might be touched upon and the need of the institution of a systematic and comprehensive arrangement for the training of district nurses. With the possibility of the Hospital Economics course no longer needing our financial support, may we not bend our energies and give our means to establish in connection with one or more of our well-organized district nursing associations, a school where graduate nurses may be trained in district nursing during a six-months or one-year's course? So much is involved in the work, so much need of practical experience, so much knowledge of social conditions and ability to cope with the problems daily arising, that it is pitiable to see how often time, energy, money, and a woman's life are misspent for lack of this training. Working side by side and under the direction of experienced workers, learning their methods, being gradually introduced to and recognizing the value of coöperation, the right relation can be established and more effective work accomplished. From this school, workers might be sent to new fields of work without crippling the society, and women with valuable experience and ability become the pioneers in these fields rather than the women who have served no apprenticeship in this tremendously responsible field of nursing work.

Our training-schools, too, might add to their long lists of lectures a few on the causes of moral and physical deterioration, and the loss of life and ability to cope with life's problems caused by child labor and the unsanitary conditions of living and working of so many patients brought to our hospitals; the life of the poor in our tenements, in its moral, physical and social aspects, and the causes underlying the effects which we see there; just a little time to learn the causes of all this sickness, how much of it is preventable as well as remediable, and not have it accepted as a matter of course.

As a body of professional women, who have undertaken the task of regulating the future status of nurses, it must be our responsibility also to study the whole question of the nurse's education, and to take an interest in the future of nurses yet untrained. Our state registration laws mean more than the registration of graduates; we must stand for and exact a certain standard of requirements from the schools which are preparing the nurses of the future, a definite and faithfully carried out system of instruction (not merely on paper as a possibility or future hope) by fully equipped and paid instructors, with classes and lectures given at proper hours, with sufficient vacation and hours of rest to keep up the nurse's fitness for her work. A great many of our nurses are trained for the work of the hospital and not for the work which most of us have to do after leaving it.

The experience which we need is not to be gained by sending nurses out to private duty, but by lessening the ward work, the display work, and many of the unnecessary services demanded by the extravagance of the operating-room, and economies in other directions, so that more time may be given to little personal attentions to the patients and opportunity to know a little more of their daily lives and surroundings.

Many of our schools are now offering better educational advantages, and we as a profession should hold up their hands and give our support to the women at the head of these schools, who are trying to raise them to a true educational standing.

This old world of ours still suffers, more from charlatanism than from over-training in nursing as well as in other professions. The number of training-schools all over the world is increasing at such a rate that sufficient numbers of probationers cannot be secured to keep the hospitals staffed, and undesirable women from the standpoint of nursing qualifications have to be retained because they cannot be spared from the wards. What sort of medical schools would we have if each hospital could maintain one attended by such students as would be willing to spend thirty-six solid months in the hospital wards, often in the doing over and over again of tasks utterly superfluous to their training, with a smattering and irregular course of theoretical instruction?

If we cannot yet have the large central schools, providing nurses for a number of hospitals, let us strive most mightily for the affiliation of schools each of which will supplement the work of the other.

Let us plead, too, in the days of new ideas regarding woman's position, for a more natural home life for our pupil nurses. In the preparation for other professions now open to women there are no such limitations and restrictions as those which bind the nurse. The conventual mode of life, with its combination of conventual and military discipline, may have been thought necessary in the days when a woman never left the shelter of her home except to enter another or become a member of a sisterhood, but now, when women teachers, women ministers, and doctors, and lawyers, are all successfully entering upon their life's work after a system of preparation entirely different from ours, yet equally equipped for it, while their home life has been controlled by themselves, can we say that our schools are sending out women of greater intelligence or skill, of higher moral character or attainment? Might not every feature of this school life be so organized and directed as to lead the pupil to self-determined habits of thought and action, the policy such as to

stimulate self-direction under the larger freedom supposed to be granted self-respecting women to think for themselves, to morally look after themselves, and so develop the elements of strong character and helpfulness?

It has been said that men first unite to protest against a grievance or resist oppression; the next form is union for the betterment of their own condition; later they come to the stage of altruism or union for the sake of others. Increasing recognition is being given in these days to the solidarity of woman's interests, and the nurse who is asking rights for herself must not forget that to whom much is given of her also much shall be required.

The nurse with her trained skill, her knowledge of conditions, who sees at close range the direct results of these conditions, should be an interested and powerful factor in the work of women for the betterment of the community. She sees the evil effects of child labor, she knows the consequences following the improper care of mother and child in the period of infancy, and the effect upon the mother who continues at work in the mill or the factory up to and following childbirth,—so is not her place among those who are working for the prevention of these ills? There is a great work to be done, and the field is limitless and inviting.

The old ideas are changing with regard to sickness, just as there is a marked alteration in the attitude of people in their conceptions of the causes of poverty. Both have been considered, if not necessary evils, certainly unavoidable ones, and that all our efforts could only be palliative. We preach now the gospel of prevention of sickness, as well as of poverty and pauperism; and in our work we must take cognizance of their fundamental causes, such as ignorance, exploitation of labor and defects in governmental supervision of the welfare of citizens.

A well-known leader in charitable work said recently that if the efforts of the community were to be directed toward the removal of these causes, the time may come when we may begin to contemplate the destruction of charitable institutions, instead of their increase. We find ignorance not only among the poor, but among all classes, of the simplest rules for healthy living, of the proper hygienic and sanitary requirements of the home, and the selection and preparation of food. We find little children working in our southern cotton-mills, in our mines in Pennsylvania, in glass-factories in New Jersey, and in factories in New York and Illinois. When we are called to a mother in a tenement who has broken down striving to support her little family on thirty or fifty cents a day, making the

garments which some of us may later be wearing, can we say this is not our concern, ours only to restore them to their former condition that the work may go on again?

The regulation of buildings in our cities, inspection of houses and factories, pure food laws, laws to safeguard the child, are manifestations of awakened interest toward the necessity of safeguarding our citizens against disease and future inefficiency, and the call comes to us nurses to bring our knowledge and our skill, our interest and our influence, to support all the good work where workers are so badly needed, and to further it with all our strength and earnestness.

May our ideals become realities in our lives, real and rational and vital, bearing witness to those best things in which we desire to live.

May we stand for the best and highest in our schools, for an education which will be the best preparation for the opportunities that await us, fitting us for service wherever there is need.

In striving for that Utopia that men have dreamed of in all the ages, when sickness and sorrow shall be no more known, may we too be of those who count in strengthened purpose, with clearer vision, and adequate conception of the work before us, for "a time like this demands strong minds, great hearts, true faith, and ready hands."

The Secretary read the following telegram from California:

*Miss Annie Damer, President Nurses' Associated Alumnae:*

California sends greetings and best wishes for successful convention. Heartfelt thanks for kind letter of sympathy and offer of aid.

S. Gotea Dozier,
President California State Nurses' Association.

The President.—We will hear from the committee on arrangements, Mrs. Gretter, chairman.

Mrs. Gretter.—Madam President and members: Your committee begs leave to present to you the following report: The number of the committee having been left to the choice of the chairman, she selected eight nurses to assist her, making a committee numbering nine. Each member was appointed to act as chairman of, or to serve on, one of the subcommittees, of which there were seven. The subcommittees appointed were: on place of meeting, on entertainment, on hotels and trains, on printing, on registration, and on guides.

These subcommittees were large, practically taking in the whole of the Wayne County Graduate Nurses' Association. The members all worked together in harmony. There was an eager spirit of willingness to help to prepare for the honor of your coming, and the whole movement has been one of joyful anticipation of this event.

The citizens, the press, the clergy, the medical profession, the boards of the hospitals, have all been interested in your coming, and now that you are here we want you to have the best sort of time.

The programs with which you are supplied were paid for by the advertisements. It is but just to acknowledge here the aid that we received in the procuring of advertisements from Mr. J. F. Harts of Detroit. His coöperation and help were invaluable.

The badges of the delegates and permanent members are designated by printing.

The other badges provided are: blue and white for visitors, maize and blue and white, the colors of the Michigan State Nurses' Association, for members of that organization, and plain blue badges for the various local committees.

The guides appointed will be happy to serve in taking you to any of the hospitals, or to any other points of interest you may desire to visit in the city. The entertainments planned for your pleasure you will find listed in the programs, and special announcements will be made and directions given in regard to them from time to time.

Finally, once more, we as nurses welcome you. While it is the pleasure of the Detroit nurses to serve as your hostesses, the importance, as a local event, of your meeting here, is surpassed in what it means to all of the nurses in Michigan, and indeed throughout the Middle West. We have waited long for your coming, and now that you are with us we rejoice greatly, and we open the doors of our hearts to you in hospitality, and bid you welcome as our friends.

Respectfully submitted.

MRS. L. E. GRETTER, Chairman,
MRS. L. A. CHAMBERS,
MISS AGNES G. DEANS,
MISS LULU B. DURKEE,
MISS MABEL M. HEALY,
MISS MELISSA COLLINS,
MISS MARTHA AYLESWORTH,
MISS MARGARET BLUE,
MISS FRANCES DRAKE,
Committee on Arrangements.

THE PRESIDENT.—If there are no other announcements the meeting will stand adjourned.

*Wednesday, June* 6

MORNING SESSION

The meeting was called to order at nine thirty o'clock.

The roll-call by the secretary showed one hundred and eight delegates present from alumnæ associations, and thirteen from state organizations.

The secretary then read her report as follows:

MADAM PRESIDENT: Immediately following adjournment of The Eighth Annual Convention of this Association, a meeting of the Board of Directors was held on Friday, May 5, 1905, at the Hotel Shoreham, Washington, D. C.

There were present Miss Damer, president; Miss Davids, treasurer; Miss Riddle, Miss McIsaac, Miss Nutting, and Miss Smith, of the Board of Directors, and Nellie M. Casey, Secretary.

According to the by-laws, the Board of Directors appointed the following members as an Executive Committee for the ensuing year: Miss Nevins, Miss Delano, Miss Davids, Miss Riddle and Miss Casey. (The President being an ex-officio member of all committees.)

The following committees were appointed:

Arrangement Committee.—Chairman, Mrs. Lystra E. Gretter, to choose her associates.

Publication Committee.—Chairman, Miss Davids; with Miss Casey and Miss Thornton.

Eligibility Committee.—Chairman, Miss Harriet Fulmer; with Miss McIsaac, Miss Nutting, Miss Goodrich and Miss M. E. P. Davis.

Programme Committee.—Chairman, Miss Riddle; with Miss Palmer, Miss Nevins, Miss Malloy and Miss Rose.

On Wednesday, November 1, 1906, a meeting of the Executive Committee was held at the residence of the president, 217 East Twenty-Seventh Street, New York City. There were present Miss Damer, Miss Delano and Miss Casey. At this meeting it was decided to have a uniform credential, and the secretary was instructed to have credential cards printed and sent to the delegates before the annual meeting.

The following were appointed a committee to map out some plan for the nursing of people of moderate means, and to report at the annual meeting. Chairman, Miss Hollister; with Miss Fredericks and Miss Ellis, associates.

A committee of three members to make arrangements for the transportation of delegates was appointed: Miss Thornton, as chairman; to choose her associates.

The secretary was instructed to write Miss Boardman and ask if she would prepare a paper on the work of the Red Cross society for the annual meeting.

The executive committee recommends that all necessary expenses of committees should be borne by this association, also the expenses to the annual meeting of three of its officers.

On Friday, April 27, 1906, a meeting of the executive committee was held at the residence of the president, 217 East Twenty-Seventh Street. Miss Damer, Miss Davids and Miss Casey were present. The following applications were endorsed: Alumnæ Associations of the Hospital of—

The Good Samaritan, Los Angeles, California,
S. M. Smith Infirmary,
City Hospital, St. Louis, Mo.,
City Hospital, Minneapolis, Minn.,
St. Luke's Hospital, San Francisco, Cal.,
State Associations of California, Colorado, Iowa, North Carolina, and Pennsylvania.

At this meeting, there were presented invitations from the state association of San Francisco, California, and from the president and secretary of the alumnæ association of the Children's Hospital, San Francisco, to hold the annual convention of this association in 1907 in San Francisco.

The board of directors met on Tuesday, June 5, 1906, at Hotel Cadillac, Detroit, Michigan. Miss Damer, president; Miss Davids, treasurer; Miss McIsaac and Miss Smith, of the board of directors, and Nellie M. Casey, secretary, were present.

It was decided at this meeting to endorse the applications of the alumnæ associations of the—

Church Home and Infirmary, Baltimore,
German Hospital, Brooklyn, N. Y.,
Jewish Hospital, Cincinnati, Ohio,
Metropolitan Hospital, New York,
Pasadena Hospital, Pasadena, and
West Side Hospital, Chicago.

The alumnæ association of the Lakeside Hospital, Chicago, was dropped from the membership of the Associated Alumnæ, in accordance with By-Law xii. Sec. 4, which reads: "Any organization which shall fail to pay its dues for two successive years shall cease to belong to this Association," Lakeside Hospital Alumnæ Association being in arrears for three successive years.

The secretary read a letter from the Graduate Nurses' Association of the state of Virginia, inviting this association to hold its tenth annual convention in 1907 in Richmond, Virginia.

A recommendation was made at this meeting to amend Section 2, Article xiv., and Section 1, Article xi., of the by-laws.

The secretary reported the following applications received during the year, and referred to the Eligibility Committee: Alumnæ Associations of the—

City Hospital, Minneapolis, Minn.,
City Hospital, St. Louis, Mo.,
Milwaukee Co. Hospital, Milwaukee, Wis.,
Hospital of the Good Samaritan, Los Angeles, Cal.
St. Luke's Hospital, San Francisco, Cal.,
Metropolitan Hospital, Blackwell's Island, N. Y.,
Pasadena Hospital, Pasadena, Cal.,
Medico-Chirurgical Hospital, Philadelphia, Pa.,
Jewish Hospital, Cincinnati, Ohio,
West Side Hospital, Chicago,
Church Home and Infirmary, Baltimore,
German Hospital, Brooklyn, N. Y.,
Orthopædic Hospital, Philadelphia Pa
Cleveland Homeopathic, Cleveland Ohio,
Grace Hospital, New Haven, Conn.,

John M. Norton Memorial Infirmary, Louisville, Kentucky,
Northwestern Hospital, Minneapolis, Minn.,
Cobb Hospital, St. Paul, Minn.
State Associations:—California, Colorado, Iowa, North Carolina and Pennsylvania.

Respectfully submitted.
NELLIE M. CASEY,
Secretary.

On motion of Miss Graham, seconded by Miss Mitchell, the secretary's report was accepted.

THE PRESIDENT.—We will now hear the report of the treasurer.

THE TREASURER.—I wish to state that after the books were closed, April 30th, I received from the Graduate Nurses' Association of Virginia twenty-five dollars for the JOURNAL fund, which enables us to purchase one more share of stock in the AMERICAN JOURNAL OF NURSING.

## REPORT OF TREASURER OF NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES
### 1905–1906

### RECEIPTS

| | | |
|---|---|---|
| Balance on hand, April 28, 1905 | | $777.53 |
| Balance Journal Fund, April 28, 1905 | | 15.00 |
| Initiations | | 80.00 |
| Alumnæ dues | | 711.30 |
| State Association dues | | 45.00 |
| Sale of reports | | 13.05 |
| Subscriptions to Journal fund: | | |
| Com. of Arrangements of Convention in Philadelphia, 1904 | $100.00 | |
| New York Post. Graduate Hospital | 10.00 | |
| Bellevue Hospital, New York | 10.00 | |
| Hahnemann Hospital, Philadelphia | 10.00 | |
| Long Island College Hospital, Brooklyn | 10.00 | |
| Jewish Hospital, Philadelphia | 10.00 | |
| New England Hospital, Roxbury, Mass. | 5.00 | |
| Mt. Sinai Hospital, New York | 10.00 | |
| Phila. Hospital—Alice Fisher Alumnæ | 10.00 | |
| German Hospital, New York | 10.00 | |
| Maine General Hospital, Portland | 25.00 | |
| Germantown Dispensary and Hospital | 10.00 | |
| Methodist Episcopal Hospital, Brooklyn | 10.00 | |
| St. Barnabas Hospital, Minneapolis | 10.00 | |
| Kings County Hospital, Brooklyn | 10.00 | |
| Garfield Memorial Hospital, Washington | 10.00 | 260.00 |
| Interest on Bank Account | | 16.77 |
| | | 1,918.65 |

" $801.80
Examined and found correct.
BYRON HORTON, Auditor.
May 11, 1906."

### DISBURSEMENTS

| | | |
|---|---|---|
| Expense of Convention—1905 | | |
| Stationery and Printing | $63.17 | |
| Reports | 48.01 | |
| Rent of Hall | 42.50 | |
| President's Expense | 18.50 | |
| 1st Vice-President's Expense | 20.75 | |
| 2nd " " " | 19.84 | |
| Treasurer's Expense | 20.95 | |
| Secretary's " | 24.70 | |
| Miss Casey's " (Executive Com.) | 23.00 | |
| Miss McIsaac's " (Director) | 34.50 | |
| Mrs. J. Van Wagner's Expense (Speaker) | 25.00 | |
| Miss Roger's Expense (Speaker) | 8.00 | $348.92 |
| Expense of Executive Com. 1904–1905 | | 25.85 |
| Expense of Nominating Com. 1904–1905 | | 18.00 |
| Stationary and Postage | | 24.08 |
| Course of Hospital Economics—Columbia | | 100.00 |
| Honorarium paid Miss Mary E. Thornton | | 200.00 |
| Four shares stock American Journal of Nursing | | 400.00 |
| Balance of Cash on hand April 30, 1906 | | 801.80 |
| | | 1,918.65 |

### RESOURCES, APRIL 30th, 1906.

| | | |
|---|---|---|
| Cash on hand—General Fund | $726.80 | |
| " " " —Journal " | 75.00 | $801.80 |
| Five Shares of Stock in AMERICAN JOURNAL OF NURSING | | 500.00 |
| | | $1,301.80 |

ANNA DAVIDS, R. N., Treasurer.

THE PRESIDENT.—You have heard the report of the treasurer. Are there any questions you would like to ask in regard to it?

MISS HARTMAN.—I move it be accepted.

Seconded by Miss Earl. The treasurer's report was accepted.

THE PRESIDENT.—The secretary will read the communications received by the association.

The secretary read the following communications:

DENVER, COLORADO, May 12, 1906.

*Miss Nellie Casey, Secretary, Nurses' Associated Alumnæ of the United States,* 814 *South Tenth Street, Philadelphia, Pa.*

DEAR MISS CASEY: We beg to hand you herewith letters of invitation for the 1907 session of your Association, and we will be glad if you present the same to the proper authorities, and we sincerely hope that the invitation thus extended will be accepted.

Yours very truly,

W. F. R. MILLS,
Secretary.

MAY THE TENTH, 1906.

*The Nurses' Associated Alumnæ of the United States, in Convention Assembled, Detroit, Michigan.*

DEAR MESDAMES: It gives me great pleasure, on behalf of the people of the State of Colorado, to extend to you a sincere and cordial invitation to hold your next convention in Denver, Colorado.

Denver is one of the most progressive cities in the United States, and is an ideal city in which to hold a convention, being equipped with all necessary facilities for the entertainment of guests, and is a beautiful city in every respect.

Lying close to Denver are the great Rocky Mountains. No one should miss an opportunity to visit them. A trip through Colorado is one of pleasure and enjoyment and will be remembered for a lifetime.

Sincerely hoping you will favor Denver and Colorado with your next convention, I am,

Very truly yours,

JESSE F. MCDONALD,
Governor.

DENVER, COLO., May 11th, 1906.

*Nurses' Associated Alumnæ of the United States, Detroit, Mich.*

LADIES: In behalf of the city administration, I am pleased to urgently invite your association to hold your 1907 convention in this city. Denver cannot fail to prove an attractive and profitable meeting place for your delegates. Our climate is unsurpassed, and being situated, as we are, at the eastern gateway of the Rocky Mountains, you will not only have a fine view of the range, but may visit all portions of the mountains over scenic railways. The famous mining camps are but a short distance from Denver; while in the city you may inspect our great smelting plants.

It will give this administration much pleasure to coöperate with the commercial bodies in extending to your delegates and their friends our widest and best hospitality.

Hoping that our invitation will be favorably considered, I am,

Very truly yours,

R. W. SPEER,
Mayor.

SAN FRANCISCO, May 29, 1906.

*Miss Nellie M. Casey, Secretary of the Nurses' Associated Alumnæ of the United States.*

DEAR MISS CASEY: On behalf of the Children's Hospital Alumnæ of San Francisco, I wish to express our hearty appreciation of the assistance so promptly and generously rendered by Eastern nurses to nurses of our city who lost so heavily in the late disaster.

Your sympathy and help have added strength to the bond already existing between us.

Very sincerely,

IDA SANDERSON,
Acting Secretary of the Children's Hospital Alumnæ of San Francisco.

SAN FRANCISCO COUNTY NURSES' ASSOCIATION,
SAN FRANCISCO, May 30th, 1906.

*Miss Nellie M. Casey, Secretary Nurses' Associated Alumnæ of the United States.*

MY DEAR MISS CASEY: It is with deep regret that I have to inform you that I will not be able to act as a delegate to the annual meeting of the Associated Alumnæ June 5, 6, 7, this year.

In spite of the calamity which occurred in my native city April 18th I expected, until a week ago, to be with you at this convention, and it is a great disappointment to me not to be present at this interesting reunion.

During the great fire which consumed our city for three days and nights, nearly all our nurses' homes, and many of the best hospitals, were burned. Most of our nurses were on private duty at the time of the fire, and those who were free rushed to the emergency hospitals, and for these reasons the nurses lost all their possessions, many not having even a second uniform.

As nearly all our registries are gone, and as my house was fortunately saved, our County Association decided to establish a temporary Central Directory and Relief Bureau in my home, considering that the best means of assisting nurses at this time. For this reason I feel it impossible, in the present chaotic condition of affairs, to leave the responsibilities of this experimental Central Directory.

We hope, with the money so kindly and generously promised us by various nurses' associations, to be able in a short time to lease and furnish a Home for our homeless nurses. When the emergency work was ended, and their services were no longer required, a large number of our nurses, finding they had no abiding place in San Francisco, drifted away throughout the state. We are very anxious to establish a Home for these nurses, and to encourage their return to what is to us at present the centre of all things.

My own Alumnæ of the Children's Hospital, when convinced that my duty was to our County Association in this emergency, called a meeting here and elected Miss Eliza Stevens to represent us at the annual meeting.

Our Alumnæ is most anxious to be represented and most desirous that the Associated Alumnæ accept our cordial invitation to visit the new San Francisco in 1907. We cannot promise you any ruins then, for with the Californian spirit nothing appears impossible in the way of upbuilding our beloved city.

Thanking the Associated Alumnæ for their kind sympathy to us in this time of great distress, and trusting you will have a most enjoyable and profitable session, I remain,

Cordially and fraternally yours,
MARY L. SWEENEY,
Sec't'y S. F. County Nurses' Ass'n.

THE PRESIDENT.—Before going any further I wish to announce that members of the committee on nominations are placing in your hands the ballots. There is a little misunderstanding in regard to proxy votes. An organization sending delegates may send a proxy vote for its own society through one delegate if it is entitled to more than one vote; but one association cannot delegate another to act as its proxy. So that an association not represented here by its delegates has no vote. Ballots will be received until the opening of the meeting to-night. We will appoint as judges and inspectors, Miss Seldon, New York; Miss Brobson, Omaha; Miss Wilkinson, Hartford, Conn. They will take charge of these ballots, and none will be received after the opening of the evening session.

The reports of the other committees have been submitted to the executive committee. The committee on publication has not done the printing, and has nothing to report. The committee on eligibility has already offered its report to the board of directors. The programme committee's work is before you. Miss Riddle, the chairman of this committee, is unable to be present with us. We also have another committee, which will report now—the committee on purchase of JOURNAL stock. I will ask Miss Greenlees, of Washington, a member of that committee, to read that report.

To THE NURSES' ASSOCIATED ALUMNÆ: The committee on purchase of JOURNAL stock begs to report that since the last meeting the remaining ten shares have been disposed of, four of which have been purchased by the Associated Alumnæ. The association has also purchased one share from an individual member, making its present ownership six shares. Forty-five shares are now owned by individual members, forty-nine by alumnæ societies, and six by the national association. At the last meeting it was decided to ask the societies to contribute towards the purchase of shares which would become the property of the national. The following responded: Post-Graduate, New York; Bellevue, New York; Hahnemann, Penna.; Long Island College, New York; Jewish, Penna.; New England Hospital for Women and Children; Virginia State Association; Mt. Sinai, New York; Alice Fisher, Philadelphia; German, New York; Maine General; Germantown, Penna.; Methodist Episcopal, Brooklyn; St. Barnabas, Minneapolis; Kings County, Brooklyn; Garfield, Washington, D. C.

Respectfully submitted.

ANNIE DAMER,
Chairman.

THE PRESIDENT.—You see by this report that we are gradually working towards our aim, the ownership of the JOURNAL by our national association. Any questions on this report? Shall we continue this year to purchase one or two or three shares? That is for the action of the association. I think our finances warrant it.

MRS. ROBB.—May I ask how many shares you think our finances warrant purchasing this year, or do you think we should make a special effort to raise special money for the purchase of shares? Shall we refer it back to each association,—to each alumnæ? I don't think it matters particularly which alumnæ receives the shares. There may be some members or certain alumnæ who are anxious to make gifts and can suggest some such gift that can be made. I think personally it would be a good plan to refer it back to the alumnæ to suggest certain means to raise the money. It makes no difference to us how they raise that money. I don't quite like the idea of taking it out of our central fund.

MISS DAVIS.—Very few associations responded last year to the appeal.

MISS HARTMAN.—How could we have a better investment for our surplus funds?

THE PRESIDENT.—That would be impossible for me to answer. We felt there could not be any better investment.

THE TREASURER.—Very few associations responded to the appeal which was made last year that each association contribute ten dollars.

THE PRESIDENT.—There are a number of our associations that have not done anything towards it, and we think they could pay a little.

MISS AHRENS.—I hope this will continue, and let the amount be large or small. Many associations are not able to invest or contribute a full share, but can contribute five or ten dollars and others can contribute more, and thereby we can purchase one or two shares.

MRS. ROBB.—How many shares have we purchased altogether?

MISS PALMER.—The association owns six shares now.

MRS. ROBB.—How many shares are there altogether?

MISS PALMER.—One hundred shares.

MRS. ROBB.—Will you give me the number of shares held by individuals?

THE PRESIDENT.—Forty-five shares are held by individual members and forty-nine by alumnæ associations.

MRS. ROBB.—It seems to me four or five a year is not a very large number; it will take eight or ten years to purchase them at that rate.

THE PRESIDENT.—The treasurer believes it would be a good safe investment.

MISS KRUER.—I make a motion we buy five shares.

MRS. WARMUTH.—I second the motion.

THE PRESIDENT.—It is moved by Miss Kruer and seconded by Mrs. Warmuth that we purchase five shares of stock in the AMERICAN JOURNAL OF NURSING. Any discussion?

MRS. ROBB.—Just one word further upon the question of the shares of stock. I feel from the standpoint of individual alumnæ associations, we should have, outside of our own personal affairs,—you might say outside of our own family affairs,—such as looking after our own members, and benefit funds, and after our own alumnæ associations, some real responsibilities and something to contribute towards. Some of you have been very generous towards the support of the associated alumnæ, but one very important question that has come before us is the question of the feeling for the AMERICAN JOURNAL OF NURSING. These six shares we have this morning cost over five hundred dollars. The five hundred dollars will be paid from our central fund; no particular alumnæ association is responsible for it. Yet if we would broaden out and get the most out of our opportunities as nurses we should have personal and individual responsibilities. We ought as alumnæ associations to do some special work, try to do some little thing outside of taking care of our own family affairs. I think we are getting too large for that now, and our resources are growing and we could meet other responsibilities as well. I don't mean to take the money out that we need in the treasury, but if we can we should contribute funds to buy certain shares of stock. I would like to hear a little discussion from that standpoint. It is not just voting this morning to buy five shares out of the general fund of this alumnæ association. We are trying to aid in a special work when we give towards it.

MISS COOK.—I would like to ask if state associations are allowed to contribute to this fund to buy shares?

THE PRESIDENT.—It has not been done so far. They have the privilege to contribute but not to own stock themselves. So far we have no shares of stock bought by the state societies. It has been the idea to keep it in the hands of the alumnæ associations. There is no ruling of the directors, or no law upon the subject binding us for all time; but so far we have only contributions from state societies, and no shares have been sold to them.

MISS AHRENS.—It seems so few alumnæ associations have responded to this call, should not another call be made at this time, and perhaps to the associations who have already contributed, to contribute another ten dollars, and to those who have not, to make a contribution? It seems to me it is only necessary for us to keep it before the alumnæ associations, and that they would be glad to do it, but they forget.

MISS WEBB.—Virginia State Association is very much interested in the subject.

MISS SKAGAN.—I would like to hear of some of the advantages of the JOURNAL.

THE PRESIDENT.—I will call upon Miss Davis, the business editor of the JOURNAL, to say something upon that subject.

MISS DAVIS.—I don't know as I am capable of explaining that. The only thing I know about the advantages of it is in a business way, and the returns it will bring into the treasury. You are going to get very good returns in the way of dividends. That is what I suppose you mean,—the financial advantage. I think the JOURNAL is steadily increasing every year in its finances and in its circulation, and has been from the beginning, which is a guarantee that its financial condition is constantly improving and that the investment is perfectly safe. Further than that, I have nothing to say. The editor will understand the intellectual advantages and the

advantage it may be to this society to own such a journal from a literary and news standpoint.

THE CHAIRMAN.—We would ask Miss Palmer to speak upon that subject.

MISS PALMER.—It is hard speaking upon a subject without any preparation, but I will say that the intellectual and literary development of the profession has been very great since we have had a magazine printed. When we first commenced we had to depend very largely upon hospital superintendents, and people outside our profession, and it seemed almost impossible for the JOURNAL to secure good papers from a literary and professional standpoint from nurses engaged in private duty. I think you will notice that has been changing very steadily, and we are now having fine papers from a literary and professional standpoint, as well as from hospital superintendents and physicians. One point upon which we have been criticized as a profession is that we have produced no literature in the past; that every profession is marked by the fact that its members write books and edit magazines and contribute to the knowledge of the world. In earlier days, before we had our own magazine, this particular criticism was constantly made by the public, the medical profession, and other people, that we could not claim to be a profession because we produced no literature. Now we are certainly producing literature in at least a small way, through our own journal; and we are being recognized by other magazines, and educated people, and literary people, in a way we never supposed we would be in the beginning, because we were so lame and correspondence was so hard to get.

So an advantage has come through our journal in every way, and we have a means of expressing our views, which is one of the most tremendous factors in our literary and professional growth; we have to-day a successful means. I find interest in it broadening all the time. I think now the interest in the JOURNAL is greater,—I feel it to be greater in the state work than I do in the alumnæ work. The state organizations are calling for a different kind of work, a broader work, for a closer touch with the general public, for the need of closer communication of one part of the country with another, and closer coöperation; and in that way I feel the JOURNAL is proving a tremendous force. Not only through the JOURNAL, but what goes through the JOURNAL office, in the way of communication, in the way of reaching uniform methods and work, and its development all along those lines is marvelous.

Material is now coming in really in great quantities, unsolicited, so much more than we expected, and I have to put it aside because I can't get the space for it. That means improvement. That is a hopeful sign of our ability, as I said before, to produce literature, to develop along those lines which are so important and which give us a standing before the world which we have never had before, and which will be recognized more and more as we develop our own magazine.

Then I think our alumnæ journals will prove a tremendous factor in a local way. The women who are reading these magazines are getting an education by themselves, and I find that the women who are most interested in these local magazines are the most cordial supporters of our national organ. Of course there are local associations that are self-satisfied and that don't care to know anything outside of their own individual locality. I don't think we could interest those people very much, any way; but the leaders in these movements, the leaders most active in state work, are constant and active supporters of the JOURNAL.

From a professional and literary standpoint, I can see from my connection with the paper that the JOURNAL is the greatest, most powerful factor of growth along every line. There are associations that have not contributed to it, that don't

appreciate what the JOURNAL is doing for nurses all over the world. A couple of weeks ago we had with us in Rochester a nurse who is a missionary in India. She is in one of our hospitals there, and she is home for her vacation after twelve years' work in the hospitals there. I said to her, "Do you have the JOURNAL?" She replied, "Do I have the JOURNAL? I could not live in India without the JOURNAL. I read every word of it, from cover to cover, and all the advertisements." I found that woman one of the most intelligent on these subjects I have met in years, and she has been out of the country.

MRS. SCHENK.—Would the ownership of this journal insure its reaching a larger class? Could the subscription or dues be made to cover the expense of the JOURNAL so that each member will receive it?

THE PRESIDENT.—I think that has been tried by different societies, at least it was brought up before, and I think it has been found impracticable to undertake it by local societies.

MRS. ROBB.—That would be proper, I think. As soon as we own the JOURNAL, then we can bring in the associations.

MISS DAVIS.—A few at present own the JOURNAL, practically have the control of it, but it offers to this association a nice investment. If they don't take any interest in it, the JOURNAL will not be as great a success as it might be, and I think this is the time just now to have the matter discussed and talked about and carried out. The delegates should take the matter home with the understanding that the alumnæ, at least, sanction it from beginning to end, and work for it as an individual owner. That is the only way the JOURNAL is going to prosper and give the greatest advantage to the society.

MISS SMITH.—I feel rather proud, coming from a small association, that we have given twenty-five dollars the last year, and I am going back to ask them to give more.

MISS SELDEN.—It is better to own a whole house than half a one, and it would be much more satisfactory if we owned it all than if we owned it only in part.

MISS MCDONALD.—I am here to get something that I can take back and work for, and I am sure the alumnæ that I am connected with will be glad to do something for this next year.

MRS. ROBB.—As time is going on perhaps I had better make a formal motion regarding the extra shares of stock to be purchased by the individual alumnæ, and therefore move that the delegates pledge themselves that each individual alumnæ contribute ten dollars towards the further purchase of shares of stock. That ten dollars not necessarily to come from the individual treasurer, but to interest the individual members of the alumnæ, of each alumnæ association, to give or solicit from ten to twenty-five cents towards the ten dollars as a minimum amount. I make that as a formal motion.

MISS MCDONALD.—I second the motion.

THE PRESIDENT.—It is moved by Mrs. Robb, and seconded by Miss McDonald, that the individual alumnæ societies pledge ten dollars each towards the purchase of JOURNAL stock. Are there any remarks? The motion is carried.

THE PRESIDENT.—At this time,—perhaps not for immediate action,—I wish to call attention to the recommendation of the executive committee in regard to some changes in the by-laws. I hope you all have copies of the by-laws. Section 2, article 14, regarding amendments, provides that amendments to the by-laws of this association may be effected by a majority vote at any meeting, due notice of such amendment having been given one month prior to the meeting. This is a little indefinite, in that it does not state to whom this notice is to be given. It must

mean on notice being sent to individual societies, but it does not say so. So in order to bring a few changes before you at this meeting, they were presented to the executive committee at a meeting held over a month ago in New York, and they recommended that that section be amended to read: "These by-laws may be amended at any annual meeting by a two-thirds vote. All amendments shall be in the possession of the secretary at least two months before the time of the annual meeting, and shall be voted upon at the annual meeting." Then these by-laws may be amended at any annual meeting and by unanimous vote without previous notice. This would make it clear, and anything coming up that was accepted unanimously could be changed at that meeting, or could be sent in earlier and sent by the secretary to the different societies. The clause as it appears now would permit you to make changes to-day or to-morrow, because notice has been given the executive committee.

Then again with reference to the nominating committee and its appointment. As it appears here, it applies more to the work of a local society; it is impractical for such a society as ours, that has a membership from the Atlantic to the Pacific, but would do for a society where the members live in the same city or even state. It is very difficult for the nominating committee to reach the women they would want to put upon the ticket or to know the people to nominate; and it has been suggested that a blank be sent to the societies asking for nominations. It is the practice in some federations of women's clubs, where nominations come direct from the societies, to send out a blank several months before the meeting, to be returned in time for the nominating committee to take the names thus chosen, and put them upon the ticket.

Now, these suggestions I will leave with you until to-morrow morning, and they will then be taken up for action. No blanks have been furnished for these, because it is a suggestion from the executive committee, and it will be placed before you now, and in the morning you may do as you like about it. The committee has thought it a desirable thing to clear up the ambiguities in our present by-laws.

The by-laws say the nominating committee shall meet one month before the annual meeting. That has been impossible, and it has been done by correspondence, as the members of the committee were scattered all over the country and it would not be practical to meet very often. So it is suggested some change be made in that regard. This morning we must close in good season, so we will not take up much business.

The treasurer wishes me to state that there are still a number of the Buffalo Congress reports for sale at fifty cents each, and they can be had from Miss Decker in the committee-room at any time. These reports are of the convention held in Buffalo in 1901, and each nurse should have a copy; I hope there will be a number purchased at this meeting.

I would like to appoint at this time a committee on resolutions, to present their report to-morrow afternoon. I will appoint as such committee, Miss Davis, of Boston; Miss Upjohn, California; Miss Cooke, San Francisco.

Miss Nedwill.—Miss President: Mrs. Robb, when she spoke, said we ought to take care of our responsibilities outside of our own family affairs. I would like to know if we have any responsibilities, and if we have taken care of our responsibility towards our sisters in San Francisco? They have passed through a time of very great trouble.

The President.—We hope to bring that matter up to-morrow, when we shall hear the report from San Francisco.

Miss Palmer.—I would like to have the floor for just one moment. I have

in my hand some circulars in the interest of the Susan B. Anthony memorial. This memorial is to be a building in connection with the University at Rochester, which is a coeducational institution, by the friends of Miss Anthony. You will remember a few years ago, when it came to be a question of a few thousand dollars only, whether women should be admitted to the work of the university, that Miss Anthony mortgaged her little home so that the sum should be raised to admit women to the full privileges as students. The women of Rochester are raising this building for Miss Anthony through a national movement and a national committee. I have no doubt that Miss Anthony contributed as much to the advancement of nurses as any other woman,—in helping our compensation, opening new avenues of work for woman, improving our legal status, and all those things that we enjoy. I want to lay these circulars upon a table in the back of the room, and I would like to have the members take them back to their alumnæ associations. The request is that this sum of money be raised in small amounts as well as large amounts; they want small contributions from the great masses, and not great contributions from the few.

THE PRESIDENT.—I hope the members will get those circulars from Miss Davis and interest themselves in the matter. Is there anything further to come before the meeting? If not we will proceed to the papers. "How Can Skilled Nursing Service be Procured by the Family of Moderate Means?" This is in response to the request of a committee of last year. Miss Hollister made the suggestion, and she herself has sent the paper. Not being able to be present, it will be read by Miss Anderson, of New York.

## HOW CAN SKILLED NURSING SERVICE BE PROCURED BY THE FAMILY OF MODERATE MEANS?

BY MISS HOLLISTER

In the opening editorial of a recent issue of the AMERICAN JOURNAL OF NURSING, we read these words: "Skilled nursing care for the great middle class is a subject which has been brought before the nursing profession upon a great many occasions, and in a variety of ways. This is a mighty subject, which requires the serious deliberation of nurses everywhere. What are we going to do about it?"

Probably one of the first questions which arise to one's mind when considering the subject of nursing the middle class is, Who constitute the middle class, and between what broad lines would a person's salary fall to place him beyond the line of the poor, on one hand, and on the other hand exclude him from being classed with the well-to-do?

It is a well-established fact that one man considers himself poor on a given salary, while another, with the same amount, would call himself middle class, and the third man would feel he was well-to-do or almost rich. One family is prosperous and comfortable on a given income, while the neighbor next door through improvidence may

always seem to need help whenever the emergency, sickness, arises. So also does a man call himself poor or rich or middle class according to his standard of comparison, and according as he either lives within his means or beyond his means, or on the outside margin of his income.

Every genuine woman in the profession wants to give her services at a nominal charge to the sick one who needs her and who positively cannot afford to pay the fixed price. But we all know there are families willing to call themselves middle class, and ask for a reduction, who can far better afford to pay twenty-five dollars a week than can the nurse afford to work at a reduction of ten or fifteen dollars. There are families who will indulge in the luxury of fine clothes, etc., such as the nurse would think *she* could not afford, and yet they will be entirely willing to accept from her a reduction of price.

Now while on one hand we want to see the *genuine* middle class nursed, when sick, at a price which will not financially swamp them, nevertheless, on the other hand, we want to avoid a system likely to encourage improvidence or a system which will permit us to be imposed upon by the penurious individuals who are bent upon saving every penny and are always ready to cut down the honest wage-earner when they are really fully able to pay a standard price.

Probably any graduate of a school which has sent out its undergraduates on private duty will bear out this statement, that many of the cases on which the undergraduate finds herself are those which could well afford a graduate nurse. But because it is the family's privilege to employ this cheaper nurse, they do so. Hence if we undertake to establish any system by which we can honorably reduce our price we must guard against this class of people just mentioned. In other words, it must not be some one's *privilege* to employ us at reduced prices, but *our* privilege to give reduced rates to them if in the judgment of the individual nurse it seems best and advisable. Let us jealously guard the judgment and privileges of the individual nurses who may undertake the care of a case at reduced rates.

Now if we are to provide skilled nursing at less money for the great middle class, how are we to go about it? Shall the nurses of each city organize themselves into a Central Directory, as we hear the nurses of Toronto, Can., have done? Or shall we operate along lines suggested in the AMERICAN JOURNAL OF NURSING, namely: "Break down the fixed charge; let the compensation of the nurse be in proportion to the compensation of the physician. Where the

family is abundantly able to pay the nurse one hundred dollars per week for her services, make that charge, and then to the man who can pay only eight dollars, make the charge eight dollars."

To the nurse long accustomed to private duty these schemes carry their own evident advantages and disadvantages. A physician can have a sliding scale of prices running from his charity case at absolutely no charge on up to his family possessed of the million and to whom he will make his highest charge.

But with the nurse it is different. Often she cannot know beforehand what is the financial standing of the family she is about to enter. Knowing nothing about the financial condition, when the question, "What will be your price?" is put to her, how can she say beforehand, "My price will be fifteen dollars;" or, "My price will be fifty dollars per week?"

Some years ago, the father of a young girl sick and needing a nurse called at the headquarters where I was registered. He wished to see me and inquire my price. Being a well-dressed man and coming from a suburban town inhabited by the wealthy, I naturally told him my price was twenty-five dollars per week. After reaching the case I learned that the father was a conductor on the railroad. Then I wished there were some means by which a reduction in price could be made to him. But after having once said that the price was twenty-five dollars per week, I shrank from proposing a reduction, not wishing to injure his feelings by insinuating that he could not afford to pay the regular price.

A third and new scheme for providing skilled nursing for the middle class presents itself to my imagination, and makes me wonder whether it could be worked up into a practical and successful plan. The scheme would be to form a society or fraternity or brotherhood,—call it what you will, but organize an association similar to those for sick benefits. Let the active members consist of middle-class people only. Honorary members, if any, might consist of the well-to-do and the rich who may wish to contribute, but who should not be beneficiaries. Each active member will pay regular monthly dues just as he would to any sick benefit fund, and then when sickness enters his family it shall be his privilege to employ a graduate-nurse for a specified length of time at reduced prices, while the nurse shall receive from the association her full or nearly her full price for the case. The amount of each member's dues should vary with the amount he proposes to pay the association for providing him with a nurse. For instance, a man feeling he could pay fifteen dollars per week for a nurse would pay less dues than one who would want a nurse at

eight dollars, but higher dues than he who could pay eighteen or twenty dollars per week for his nurse.

Would not some such plan largely remove the taint of "charity" and other uncomfortable feelings which are apt to accompany reduced prices? Take for example that idea so common to human nature,—*i.e.*, if a nurse is cheaper than the standard price, her skill and ability are necessarily below the standard. Such a feeling could not exist, on these grounds, if a man knew that his nurse was receiving twenty-five dollars per week. And to the man able to pay only eight dollars per week, would it not be a keen satisfaction to know that because of previous thrift and forethought, the nurse now caring for his wife or for his little child was receiving full compensation. For probably no one realizes better than does the man of small wages that old but ever new truth, "The laborer is worthy of his hire."

THE PRESIDENT.—The paper is now open for discussion.

MISS MCISAAC.—May we have the second paper on this subject before we enter upon the discussion?

THE PRESIDENT.—We will hear the other paper, and discuss them both together.

## HOW MAY A NURSE CHARGE BELOW HER PRICE WITHOUT LOWERING HER STANDARD?

BY SISTER IGNATIUS FEENY, JANESVILLE, WIS.

(Read by Miss Wheeler, Quincy, Ill.)

I would suggest that if her patient is not able to pay full rates, the nurse could make an agreement like this: The regular fee is twenty-five dollars, her patient may be able to pay fifteen or twenty dollars per week, the nurse could say: "I donate to you the difference," say five or ten dollars, as the case may be. In this way the nurse is not lowering the standard, as she maintains the fee to be twenty-five dollars, but as the patient is not able to pay full price, the nurse will not allow the patient to suffer or be neglected for lack of money. In this way the nurse is doing a good work, and rather elevates the nursing profession by proving that the trained nurse is not so mercenary as some people accuse her of being. It has been said that trained nurses are more after the money that is in the work than the humane or philanthropic side of nursing.

I have asked the opinion of a Mercy nurse regarding the reduction of the nurse's salary. I will give her own words. "Regarding my opinion on reducing a nurse's salary I hardly know what to say,

yet I think much can be said on the subject. To begin with, the really poor do not have trained nurses. For myself, I have had only one patient who wished for a reduction, and she was a wealthy woman, but very stingy, who thought nurses were overpaid. From what I can learn, it is mostly this class who ask for a reduction.

"I have known nurses who have made reduction on account of friendship, or because they have been on the case for a very long time, and the duties became light towards the end; they have sworn the family to secrecy, and yet the next time such a person wants a nurse she is sure to tell how so-and-so worked for less, and wants her successor to do the same. It has always been my experience that people judge nurses like everything else they pay for. The one who charges the highest price is the best nurse. I have never worked for less than twenty-five dollars a week for any one. I think should a case come up where I judged it necessary to have a nurse and the patient too poor, I should work one or two weeks for twenty-five dollars, and donate the other week or whatever the time might be.

"I should not cut to fifteen dollars, as that is the rate most people think a nurse should get, and I would not come down to it. I would rather donate the whole time and keep my standard. I have talked with other nurses and they agree with me. I know one Mercy nurse who worked in a small town for fifteen dollars per week, and when the people wanted a nurse again they would not have her, but paid twenty-five dollars to another Mercy nurse."

The foregoing paragraphs will afford subjects for discussion, and help the nurse to arrive at a uniform method of keeping up the dignity of the nursing profession, and also give them ample opportunity of doing charity work.

The late Dr. N. S. Davis, of Chicago, whose reputation is too well known to need comment, and who did more than any other medical man in the United States to elevate the medical profession, always taught his students that a doctor was expected to do about one third charity work. A nurse has an opportunity to do much charity work, and surely she does a vast amount of it, and generally more than her patient is willing to admit. People suffer from a spiritual disease called Pride, which will not permit them to acknowledge that they do not pay the highest price for all they get, and the nurse, even without reducing her rates, often receives only partial payment for her services, whereas the person nursed tells how much the recent illness has cost, and the salary of the nurse is always maintained to be a big item, notwithstanding the fact she has only been paid in part. Hospitals are frequently treated in like manner. People tell how

much they paid at the hospital, giving full rates at highest prices, when their bill had been reduced to one-third the usual price.

One great consolation is that our Heavenly Father, for whose sake the good work is done, has all recorded by His angels in the Book of Life, and He will be our reward exceeding great.

THE PRESIDENT.—Discussion is now in order.

MISS THOMPSON.—I find people expect time rather than money. In several cases I have known them to say they can't afford to pay all; and I don't like to lower the standard when I have given a price. They won't keep anything to themselves if you give them back money. Perhaps it is better not to count the last week, and they will forget all about the last week.

MISS MEWHART.—Nurses say they can't tell how much the patient can pay. How can a doctor tell? A doctor says, "I will charge you from so much to so much, and I can't tell just how much it will be until I see what the patient is and what you can afford to pay." Why couldn't you be honest with the patient when you go into their home and say, "What can you afford to pay?" and charge them accordingly. I think a nurse should fix her own fee. It will be a survival of the fittest, any way. A nurse can't say she will only work so and so for such charges, and she will not be ground down to the cost of her meals and her room. We must reach out and see how much our patients can pay, and be governed accordingly, as the doctor is. The nurse should fix her own fees; she would learn this by experience; one day she would be with the rich, and another time with the poor. I think we would do more for humanity in that way. I don't think there is one nurse in a hundred that can do otherwise in private nursing.

MISS CARROLL.—In some institutions the nurses are supported by the rich; at least they maintain the house of the sisters, and in that way the sisters are able to give their services to the poor without receiving any compensation, or at least they are able to maintain themselves in their homes. We have institutions like that supported by the rich, and the nurses receive what they can get from the patients and the rest of their fees from the institution.

MISS MCISAAC.—Perhaps Miss Carroll does not know that that has been done successfully in Chicago for a good many years by a method almost identical with the one spoken of by Miss Carroll, except that the nurses are given no regular fees. For instance, the nurses work for the benefit of such men as she spoke of,—conductors, clerks, book-keepers, and teachers, and people of moderate means. The person making application states how much his salary is, his income, what his family and his resources, and the charge is made accordingly, from five to fifteen dollars. Anyone able to pay over fifteen dollars could employ a regular nurse. The patient would pay what he could afford and the school would make up the difference between what the patient would pay and the amount of the nurse's fees, and the difference went into the regular fund. Some years the income has not paid the fees, but in this way the graduate nurses have worked among the middle classes. That is, I think, the only place in this country where the work has been done in that way, and it has been very successful. There is always a struggle against imposition and fraud, and people are required to give references so that the fund may not be imposed upon, and nurses are only sent to people who cannot afford to pay full rates, but oftentimes fraud will creep in. The fund originated from a legacy left to the Illinois Training-School for Nurses by Mr. John Crerar, and the nurses are known as Crerar nurses.

MRS. ROBB.—In cities where we have a settled directory wouldn't it be possible to interest nurses in those cities and raise a fund to be placed in a central treasury? And when such an application came it would be sent to the office of the directory, and the nurse next in order would be sent. The nurses would get what the patient could afford to pay, and the balance would be made up from the special fund which is contributed by the directors; and in this way a nurse be provided for every grade of patients, and people of large wealth could be interested to contribute money for such a purpose.

MISS DAVIS.—I don't want to limit this discussion in any way. The first need in this sort of a movement is money; the people of moderate means themselves should form their own association in a coöperative way, and we will send out to them the highest trained nurses and the best nurses we have, and the nurses shall get full pay, and whatever they pay will go into the treasury of their society; and in that way they can have the best possible nurses and the nurses will get full pay. I don't think we require any more opportunities to do charity than we already have. They are open for us, and we do them from time to time. It is not for opportunities to do more charity that the nurses are looking.

MISS THOMPSON.—Do you think we should be treated like a "body"? We speak about nurses not improving their own individuality. I think a nurse should manage her own affairs and not be treated like a body, by registrars and central registries. I don't think the majority of us care for that. I certainly would not do it. I think we ought to improve our individuality and not be treated like a body.

MISS SELDEN.—We have a fund in New York for the purchase of apparatus. If the apparatus is not needed this fund is applicable for this purpose. If a family can pay a few dollars for a limited time, the remaining amount of money is supplied from this fund. It is known in New York as the "DuBois Fund," and it was established by Mrs. DuBois. It is applicable for use upon the recommendation of responsible people.

MISS GREENLEES.—In a recent statement it was said that the name of the nurse last on the directory was sent to those places?

MISS THELIN.—In Toronto they have that plan.

MISS GREENLEES.—But would that suit the plan we have here?

MISS WASHBURN.—In Boston we have a rule that the nurse who goes out writes her name at the bottom of the list, and in this way the entire list is sent out in turn.

MISS THELIN.—In Baltimore we have a list of nurses from the Johns Hopkins directory, for emergencies, but they do not meet the entire need, because there are some who cannot stay a whole week, and must come in in a short time, and others can go for an hour in the morning and an hour in the afternoon, and we usually have to have a nurse that can remain the entire week, and the patients can't afford to pay twenty-five dollars for the entire week.

MISS HARTMAN.—I agree with Miss Davis, that we should not put this upon a charitable basis. A man who earns twenty-five dollars a week said to me that we should not be asked to work for less; I talked it over with a business man who is receiving a salary, and he said his employer's business was not as good, one season of the year as another, but he could not afford to work for less the dull season, and he could not think of accepting work from a woman whose nominal fee was twenty-five dollars, for anything less; and it was suggested to me at the time, as suggested in the paper, that they should pay a certain sum weekly or monthly,

then they could employ nurses at regular rates and they would be much better satisfied than to have them work for less than twenty-five dollars.

THE PRESIDENT.—The suggestion that has been made here of coöperative societies has been tried in England by one institution there, where nurses are paid a regular salary by the month. It adjusts itself by the nurse being sent by the institution. We could probably start it through our registries and the coöperation of nurses themselves. It seems a very feasible plan, which might be tried. Nurses might be sent sometimes to those who were able to pay full price, and again to those who were not able to pay it, but they themselves would be paid a fixed salary, in the same way as the district nurse, regardless of what is received for their fees. Probably others have some idea to suggest along this line, which is a very important one, if we are going to fulfill our duty to the community and all people who need our services.

MRS. ROBB.—May I ask the importance of schools for attendants? In Cleveland I was asked my opinion by the managers of the Young Women's Christian Association about starting a school for attendants. They gave a reason for starting this school, a reason that was discussed here this morning; and they said it was absolutely necessary to do something to provide women to care for people in moderate circumstances, and they didn't know of any other way except by establishing these schools for attendants. They were being established in connection with different associations throughout the country. I would like to know the sense of this meeting, whether they do generally favor that kind of schools.

MISS BETTYS.—If trained nurses are not able to do this work at moderate prices without lowering their standard, as has been said here, would not this class help us in determining the care of the middle class?

MISS PALMER.—We think it would be for the benefit of women who have been engaged in active nursing for some years, to have some examination and demonstration to determine their ability, so that their rights will be recognized, and they could fill this place. I find a great many women doing work, who are very able women. If they had been trained well, they would have been good nurses. They have picked up a few methods in a private hospital and some in another hospital and know all sorts of ways, and some of them are well along in years and have been doing private nursing for a long time. Some of those women do good work. They can be put through an examination. I find by a little verbal examination and demonstration that they have a great many ideas about ways of meeting emergencies and using all sorts of household appliances that have been learned from experience, and they are valuable women, and they do fill a very important place. I believe we should not depend upon the trained nurse to fill this field. There is a great body of people who employ nurses that the trained nurse can't afford to work for.

I don't mean to say that this class of women would entirely solve the problem; to be candid, I don't know how to solve it myself; I have no suggestion to offer. It is a matter we can't lay down without very serious consideration. I find some of these women are utterly incompetent, and how patients live under their care is a marvel; but it seems to me some way could be devised whereby the best of these women could do the work for the great middle class all the time.

MISS PLATT.—I would like to ask Miss Palmer if she would not find these persons after such an examination would claim themselves to be trained nurses?

MISS PALMER.—About the examination, and about the people they work for. I find that they are working mostly among people who pay fifteen to eighteen dollars. When they have been registered, they will easily find their rate.

MISS BETTYS.—I would like to ask Miss Palmer how about these women after they can't work any longer?

MISS PALMER.—They would be just as well off then, as now.

MRS. FOURNIER.—I have been giving this subject considerable thought, because in the state I come from, Indiana, we don't have half the number of trained nurses we require, and somebody else has to do the nursing. One thing that would present itself to me would be something that would need the whole of this body to help carry out. I don't know why, if it is necessary for the drayman to have a license before he can carry your trunk from one depot to another, it should not be necessary for a woman who takes care of any kind of patient in illness to get a license. You know we have teachers who can only teach one grade; we have all kinds and classes of teachers. Why can't we have nurses so divided as to supply these needs? If we take hold of these things right, and if we have these women registered, they can't step out of the class they are in, if they are put in the class they fill and are only permitted the work they are eligible for. I believe in registration, and we should register nurses in their class. These should be known as women who had not had hospital training and were not graduated, but were women people have a right to consider and they should be supported as such. There are also some young women who are mothers, who have had a great deal of experience; a widow has, perhaps, nursed for years in her own family, and now she is left with nothing to do in the way of support. Why couldn't she begin at the lowest class, at five dollars a week, and be licensed for that work? You will find these women will not wear such uniforms as our graduates do, and would go in plain clothes, or the national society could prescribe material with which to make their dresses. And another class, when they can pass a certain examination, can work on a case and earn ten dollars a week, and wear another kind of dress; then we will have certain goods we can make our own dresses of, so that people can tell the difference between a graduate nurse and the other class. I think this is the only solution of this problem.

This closed the discussion.

## EVENING SESSION

THE PRESIDENT.—The meeting will please come to order.

MISS BROBSON.—Are we to have any nominations from the floor?

THE PRESIDENT.—Nominations from the floor may be made if the Association so desires before the polls close.

MISS BROBSON.—Perhaps it is not desired, but we have not been given the opportunity.

THE PRESIDENT.—It has not been customary with us to add any names to those on the ballots, but if there is any desire, of course, the ballots could be returned. What is the wish of the meeting? That the polls remain open and that there shall be nominations made from the floor for any offices?

MISS REID.—Miss President, I move the polls be closed.

THE PRESIDENT.—If there are to be any nominations from the floor they are in order; if there is no desire for the polls to remain open, they will close immediately.

Every one in the room is entitled to take part in the discussions. We have a number of short papers to present on topics that have been suggested to the program committee by members of the Association; the first one is, "Are Nurses Refusing to Care for Tuberculosis?" by Miss Phelan, Rochester City Hospital Alumnæ.

## WHY NURSES REFUSE TUBERCULOSIS CASES?

The feeling on the part of the trained nurses in some localities against caring for tuberculosis patients, whether it be in institutions for the special treatment of this disease, or in the homes of the patients, is one of vital importance to the nurses interested in the great public movement for the prevention of this dreaded disease.

The question which we are now concerned with is: Why is this apparent attitude on the part of so many nurses?

The reasons, it seems to me, may group themselves under two heads:

First. The mistaken conception of the public.

Second. The general attitude of the hospitals in refusing tuberculosis cases.

We will consider the first point. The idea prevalent with the public, that tuberculosis is, in all its literalness, a contagious disease, rather than an infectious one, has been accepted by our profession too readily, without enough thought or study of the subject. There has not been enough distinction made between these two terms. This is a matter our women ought not to be guilty of, if true to their calling. Tuberculosis is a communicable disease. This recent discovery has tended to make the people more or less afraid to mingle with those who are its victims. A few years ago, science had not yet discovered the infectious nature of consumption, nor did it understand its treatment. The invalid was usually kept in an airtight room, smothered in bed quilts and red flannel, and tucked up in an armchair near the stove, with a cuspidor at his side. Not a breath of air was permitted to enter the apartment, lest the patient should take cold. The patient's condition was considered hopeless, but his nearest companions were thought to be in no danger. A person could sleep in the same bed with him, breathing the same foul air, and the doctor, the nurse, and the public thought it perfectly safe.

The world easily jumps at conclusions. Twenty years ago the pendulum of public feeling towards consumption was in one extreme, tuberculosis was not transmittable, but hereditary. The pendulum has now swung to the other extreme, so that to-day the world says tuberculosis is a contagious disease. In accepting the general conception of the public that tuberculosis is contagious, in the same manner that small-pox, scarlet-fever, and measles are, the nurses are doing an injustice to their chosen profession,—in accepting this attitude of fear of these patients. If a nurse is to have a full, rounded-out development in her profession, she must have a knowledge of every branch related to it. It is her duty to know as much and do

as much in her work, whether she be a specialist along certain lines or not. No nurse should say, "I am only interested in maternity work, or children's diseases, or such and such cases," but rather, "That is the line I enjoy the most." She should be the first to recognize that with the proper disposal of the discharges from the diseased tissue, chiefly the sputum, the most intimate contact with a consumptive is free from danger.

The second reason is: As a rule the hospitals make no special provision for tuberculosis patients, and consequently the nurses obtain very little practical training in this disease. Would the nurses feel differently towards tuberculosis if every training-school made provision to give its nurses experience in the care of these patients? Would they after graduating have the same feeling about caring for them? Most certainly not. Because the care of tuberculosis patients would be looked upon in the same light as any other phase of hospital experience, and handled with the same precaution that the other infectious diseases are.

Science has discovered the prevention and cure of tuberculosis, and thus far the medical profession has done its duty. We all have not the privilege of working among the poor, carrying the gospel of fresh air, cleanliness and sunshine into these stricken homes, or in institutions. But surely there is not a nurse present who is not able to arouse interest in this subject among intelligent people. Nurses, because of the very nature of their calling, are brought in contact with the wealthy and influential people, and if every nurse would take this subject to heart, surely it would not be long before the public feeling were aroused to such an extent that means would be provided for the obliteration of the great white plague.

Many nurses are doing splendid work among the poor of our cities, in hospitals and sanatoria throughout the country. As organizations for the prevention of tuberculosis increase, nurses will be called upon to occupy more of these positions. Will the nursing profession be ready to meet the demand, or are we to be weighed in the balance and found wanting?

## ARE NURSES REFUSING CONTAGIOUS CASES?

By JULIA E. REED

Superintendent of the Registry of the Boston Nurses' Club

To what extent are nurses refusing to care for patients with contagious diseases?

Do so many refuse as to make the supply for these cases inadequate?

Is there danger of this field being neglected by trained nurses and occupied by others?

I cannot speak except in regard to the little corner of the great nursing world with which I am best acquainted. During the past year thirty-six per cent. of the whole number of nurses on our registry list were registered for contagious diseases, and about five per cent. more for contagious diseases except diphtheria; while for the same period the number of calls for contagious cases was not quite eighty per cent. of the whole number.

It would seem, under these conditions, that the supply of nurses must be sufficient to meet the demand. Still, about sixty per cent. of the nurses are not registered for contagious cases; what are the reasons for this?

First. Lack of experience.

The fact that the percentage of nurses registering for contagious cases is so small from schools where instruction in this branch of nursing is chiefly theoretical, shows lack of experience to be a deterrent cause.

Of those who have had special training in contagious nursing, seventy per cent. register for it; while of those who have had little training, about sixteen per cent. register. The number not registered includes a few nurses, not graduates of general hospitals, who are *restricted* to special work. Also some of the older graduates of schools which do give training in contagious cases refuse them on account of changes in the methods of treatment. This is especially true of diphtheria.

Second. Nurses who do much surgical or obstetrical work find it advisable to refuse contagious cases.

Third. A very few refuse, diphtheria especially, on account of their susceptibility to contagion.

Fourth. Pecuniary reasons.

Financial considerations seem to be at the bottom of much of the difficulty in regard to contagious cases. The nurse sacrifices time, comfort and convenience, and assumes a certain amount of personal risk in accepting these cases, and often the people engaging her services are not sufficiently well-informed to appreciate the situation. Thus the higher price per week, or the extra sum for the week of quarantine, seems to them an exaction. A nurse has occasionally said to me that contagious cases did not pay her; that she had to be quarantined, and that most of her cases had been in families of such limited means that the usual twenty-one dollars a week was a hardship, and to ask a higher price, or payment for the week of quarantine, was out of the question.

Many nurses will work for the ordinary price and forego the payment of quarantine, when necessary; but sometimes people who do not need to economize are the readiest to object to a nurse's charges.

A more uniform standard of prices for nurses of the same locality is needed, and if it could be had, much friction might be avoided.

I do not know to what extent the conditions governing contagious nursing here are duplicated elsewhere. Although we are able to fill all such calls here, except in very rare instances, the small percentage registering for them from those training-schools giving chiefly theoretical teaching in contagious nursing indicates a probable scarcity of nurses in places remote from contagious hospitals. If such scarcity exists, would it be possible for more nurses to be trained along this line?

It seems more advantageous than otherwise that the physically unfit, and those doing surgical and obstetrical work, should refuse contagious cases; and it is to be hoped that some time a more enlightened public sentiment will prevail, and that the employer and nurse will, by mutual comprehension, and mutual compromise, if necessary, find some common ground for the adjustment of pecuniary difficulties.

THE PRESIDENT.—This paper is now open for discussion. Only a few moments can be given to each paper. Are any prepared to answer these questions? If not, we will call for the next paper.

The next subject is, "Do Our Alumnæ Associations Broaden Professional Lines? Some Dangers and Errors into Which We May Fall." No one has been assigned to this discussion.

MISS PALMER.—Personally, I am inclined to think that all alumnæ associations tend to broaden professional lines, but I want to explain, in making that statement, that I have never lived within three hundred miles of my own alumnæ association. I have always lived at a distance from it, and my association with nurses has always come outside the alumnæ connection, so, perhaps, it is not unreasonable that I should be a little narrow in my attitude towards alumnæ associations.

I have thought a good many times that the women who are absorbed only in alumnæ associations are not as broad, on general principles, as the women who are interested in county societies or in clubs that bring together women from other schools. But, as I say, I don't think I am a very good person to judge of this, because I have not been near my own alumnæ association. I was a member of it for a good many years, but in twelve years, perhaps, I attended only three meetings. My own relationship, you see, with the profession has been outside school lines and regardless of school lines; and I think in some places, and in fact I know, in some places, that nurses who are interested in alumnæ associations and only attend alumnæ meetings, are not as broad, perhaps, and patriotic, I might almost say, as women who go outside of that association and come in touch with women from all kinds of schools.

This is from my own personal experience, and I give it to you to hear what somebody else will say about it.

THE PRESIDENT.—Let us hear from some active member of an alumnæ association. We are engaged in a broad professional work. If there are no responses we will consider that your views are in the negative.

MRS. SPOFFORD, of Portland, Maine, read a program of the work done by her association during the past year.

THE PRESIDENT. We will have to take up the next paper.

## SHOULD A NURSE TAKE A CASE FROM WHICH ANOTHER NURSE HAD BEEN DISMISSED WITHOUT JUST CAUSE?

BY LUCY J. CLARK

Illinois Training-School

Consideration of this question must of necessity call forth many and diverse opinions.

We leave the training-school with high ideals and a clear sense of duty to one another, but the first years of private nursing are apt to be unsatisfactory and disappointing, full of anxieties and vexatious problems.

There are many crises to be met and decisions to be made, that were undreamed of in our hospital work.

Duty is not so clear to us, nor our relations, as professional women, so clearly defined, when put to the test.

We find theories fail, and questions have to be met along the line of practical experience.

Nurses are taught and trained to be professional and to cultivate a high standard of loyalty one to another, but those high ideals should be accompanied by common sense, good judgment and personal dignity of the woman herself.

Considered from a purely ethical standpoint the question of a nurse taking a case from which another has been dismissed without just cause, would seem soon answered, but a nurse's action in the matter must be considered from an entirely different point of view. She would hardly be placed in a position to know or judge the merits of the case.

Who is to determine the just or unjust dismissal?

Some one has said: "It is easier to be logical in criticism than in action." So it seems in discussing this question.

A nurse's duty places her in a very trying and peculiar position. When called for such a case, she couldn't be expected to investigate the cause for discharging the other nurse.

Much would depend on who does the dismissing, and one's acceptance of a call under those conditions would certainly depend on whether the other nurse was dismissed by the family or doctor.

If a nurse *knowingly* took a case from which another had been dismissed by the *doctor unjustly*, she certainly ought to be judged disloyal and lacking in professional courtesy to her sister nurse.

The puzzling question would be, What constitutes a just or an unjust cause?

A doctor of any standing would surely have what he considered a very good reason if he were moved to such a course.

Usually it is the patient or family who demand a change in nurses. Then we are met by all sorts of reasons (and many very petty ones) for dismissing a nurse.

Certainly no nurse would care to stay on a case where there was the least distrust or friction, much as she would rebel against the injustice of it.

It seems it is not considered a breach of etiquette when a doctor is dismissed from a case for another to step in and take charge of the patient, so why should a nurse not do so?

She must be governed by her own good judgment and the sense of what is right and due her sister nurse, keeping in mind and living up to the high ideals of professional courtesy and loyalty, necessary to preserve a universal standard in our profession.

THE PRESIDENT.—Are there any other opinions on this topic to be expressed by any one? We have two or three papers on the next subject, along the line of the value of the Alumnæ Journal. The first is written by Miss Dixon, Johns Hopkins Hospital Training-School Alumnæ, which will be read now.

## THE INFLUENCE OF AN ALUMNÆ JOURNAL UPON AN ASSOCIATION

BY MARY BARTLETT DIXON, R. N.

I have been asked to write an article on the above subject, with "the pros and cons of the case." I would like to say that as far as our Association is concerned there are no "cons," and I am sure other associations who have, or expect to have, that invaluable middleman, a magazine, will give the same report.

The *Johns Hopkins Hospital Nurses' Alumnæ Magazine* was born in 1902, with Miss Ada M. Carr as Editor. Its existence is the result of a desire on the part of the nurses of the Training-School to keep in touch, after graduation, with their superintendent, their training-school and hospital, and with each other.

We *know* that the *Alumnæ Magazine* is of vital importance to our association.

Every member, however distant or isolated, through its pages can read the thoughts and expressions of opinion of our superintendent on nursing problems or any other subject; through it we are kept in touch with the transpirings at the hospital, different methods of procedure in the treatment of disease, and changes of various kinds in the training-school; the topics of discussion at the quarterly meetings of the alumnæ are always published, and full details of reports and addresses at the annual meeting, with the names of officers and latest addresses of all graduates. Our "personals" are absorbingly interesting to us.

Whenever a problem is brought before the association, unless there is reason for immediate action, the magazine is open for expression of opinion from all members, and we are thus in a position to arrive at a better solution.

Our articles are usually written by our own nurses, though we are fortunate often in having one or more papers by physicians or members of the laity. The subjects, though usually confined to nursing interests, have no limitations; our pages are open to anyone on any subject which would be considered profitable or interesting to us as people, women, or nurses.

We have seen some far-reaching results. Perhaps the most gratifying is a generous gift from Mr. Victor G. Bloede, of Catonsville, Md.,—the permanent support of a Visiting Nurse in connection with the Phipps Tuberculosis Dispensary of the Johns Hopkins Hospital. One of our nurses on private duty received a copy of her journal containing an article on the work of a visiting nurse among tuberculous patients. Mr. Bloede happened to pick up the magazine and, as he was interested in the subject, the article caught his eye, it appealed to him, and he offered to support a nurse for a year, with the promise to perpetuate the gift should the work prove satisfactory.

The magazine is especially appreciated by nurses living abroad or far enough away to be absolutely out of touch with their alumnæ except through the medium of personal letters, and we all know nurses are poor correspondents. Subjects of public interest are brought to us in concise form when often we would not know of their existence, feeling too tired or busy to pursue the uncertain and unfinished story in the newspapers.

Our exchanges have given us a great deal of pleasure. They are sent to the Library of the Johns Hopkins Hospital Nurses' Club. We exchange with the *Nursing Journal of the Pacific Coast, Chari-*

*ties and the Commons, The Canadian Nurse, Una,* published in Melbourne, Australia, and *The Nursing Times* of London.

Our magazine is managed for the association by a Publication Committee, appointed by the board of directors and composed of nurses representing various branches of nursing.

The magazine is published quarterly. It averages seventy-five pages and has a circulation of four hundred and fifty copies. It is supported by outside subscribers (friends of the nursing profession) and by advertisements. (Only those advertisements are solicited which we believe will prove mutually beneficial, though we will be honest and confess that there have been times when this belief was a trifle strained.) The magazine, costing each member fifty cents, is included in the dues of the association.

As for the influence of an alumnæ journal, I will state positively that there can be no other medium in an association as far-reaching or as important in maintaining the good fellowship and mutual interest that is essential to the life of the organization.

As for the extent of this influence, it is only confined by the limitations of those whose personality it expresses.

THE PRESIDENT.—The next paper on the same subject will be read by Miss Thelin. It was written by Mrs. Higbee, Illinois Training-School for Nurses.

## THE INFLUENCE AND VALUE OF ALUMNÆ JOURNALS

Were we like the ancient Greeks, able to attend all meetings of common interest, retain and hand down, verbatim, to our posterity all points pertaining to the welfare of the community, there would be less need of written or printed communications. But since our lives have become so full of varied interests and the distances so much greater, we need some expression for the bond of union which keeps us keenly alive to the best that there is in our profession.

This can only be attained by having some form of communication with each other. While in small societies this might be done by means of typewritten letters, in large ones that would not only be inaccurate, but more expensive than a systematically arranged, and proof-read printed journal.

The journal not only forms a bond of union, but it affords an opportunity for an exchange of ideas and expression of thought. It keeps us in touch with the progress of the individual nurse, the alumnæ association, and our Alma Mater. It creates that feeling of

good-fellowship, and that oneness of purpose which makes us a united power for good. To a nurse away from her fellow-graduates it is like a letter from home.

While our interest is deep in our own local alumnæ journals, it ought to be much deeper in our AMERICAN JOURNAL OF NURSING. In its pages we can travel with Miss Dock through foreign lands, with others through our own country, and learn of the progress of nursing. We learn to know and appreciate the stars of our profession; we are either spurred on to better efforts or learn to value the advancement made in our own fields. It is that kind of social metabolism that makes us progressive.

THE PRESIDENT.—The paper is now open for discussion. It will be particularly interesting to societies who are thinking of starting journals for themselves to know the difficulties in the way.

MISS MACK.—We have a journal at St. Luke's, Chicago, and I think we have found out part of the influences and advantages of it. The subscription price is included in the alumnæ dues, and it is paid for out of the treasury of the alumnæ. I think it has done a great deal to bring us together and keep us together, and especially is this true of members who are away.

THE PRESIDENT.—Anything further on this topic?

MISS MCISAAC.—In speaking from a good deal of experience in this work of alumnæ journals, I would like to say to any of those societies who are considering a journal of their own, that one of the most important steps is to put it in the hands of every alumnæ member, and to include it in the annual dues. In that way the nurse gets it, whether she wants it or not. And after she has had it a while she will want it. That is one of the most important things about establishing a journal.

I would like to make a criticism on some alumnæ journals that I have seen. I think they go too far. They try to take the place of the AMERICAN JOURNAL OF NURSING. I think the particular point in having these journals is that the proceedings of your own society and the interests and movements of your own members shall be recorded for the benefit of every member you have, and it should not take the place of the AMERICAN JOURNAL OF NURSING. I am very jealous of both these interests, because I was very closely connected with the first journal that was started by an alumnæ association in this country, and also with the AMERICAN JOURNAL OF NURSING, and I don't want one to step on the other. The monthly reports of the alumnæ association have been the most valuable thing in the welfare of the association, and their influence has been much wider because they take particular notice of the nurses' work, and the work in hospital economics, but in a different way from the AMERICAN JOURNAL OF NURSING.

MISS NEWHART.—I think the AMERICAN JOURNAL OF NURSING should copy what they think of interest to the profession from the alumnæ journals. Let the editor publish in that JOURNAL whatever she thinks would interest all the nurses, from the monthly or quarterly.

MISS PALMER.—I would like to say that this is done by some alumnæ journals, but the trouble with the news that is published in a quarterly is that it is sometimes very old news when it comes out in our monthly. A good many things that are very interesting at the time that they occur, if they could be reported the next month,

appear very old at the end of the third month, when they come out in a monthly. Very many personal articles are taken out of these journals and appear in our magazines, but there is not space for all of them. Our journal comes out every month, but we can't get all of the interesting things and personal news in it, and a great deal of the news would be three months old when it comes to you in the JOURNAL, and we have a great deal of news matter that is very fresh. The influence of those local alumnæ journals upon the AMERICAN JOURNAL I consider the very finest thing we have, because the women who are working for the local magazines are the women who are most constant and interested in the support of the AMERICAN JOURNAL, yet the local journals do have the effect of satisfying a very small circle, so that they don't care for anything further. But I think we must look at their broad and uplifting influence.

THE PRESIDENT.—The next paper is written by Miss Janet Topping, Illinois Training-School Alumnæ, on "What Are the Occupations of Nurses Who Have Dropped out of the Work?" which will be read by Miss Hartman.

## WHAT ARE THE OCCUPATIONS OF NURSES WHO HAVE DROPPED OUT OF THE WORK?

When asked to write a paper on the above subject, I visited the different training-schools to find out how many of their graduates had taken up other lines of work, but regret that I have not been able to give definite account of more.

One Hahnemann graduate has a fine resort on Boothe Lake, Wisconsin. Beginning in a small way, after eleven years she can accommodate fifty guests at one time. She started with small capital, but by nursing part of the time each year, and turning her hand to anything in her summer home, has made a great success of it.

Among the graduates of the Illinois Training-School who have taken up other lines of work, there are eighteen doctors, six missionaries, two matrons of hospitals, one sanitary inspector and health officer. Two have been very successful in owning and managing lunch-clubs and rest-rooms. One is superintendent of a half-orphan asylum, and voluntary probation officer. One has been matron of an orphan asylum in Wisconsin for ten years. One very successful matron of a hospital for seventeen years, now is equally successful with a boarding-house in Pasadena.

Another manufactures sterile surgical and obstetrical dressings, also sanitary napkins, besides having a large trade in furnishing nurses' caps. Another owns and conducts her own drug store.

We would not forget that we number five farmers among our number. Doubtless there are many other ventures undertaken by those tired out with the irregularities of a nurse's life of which I am not aware.

THE PRESIDENT.—We would like to hear more fully in regard to any other occupations in which nurses are engaged.

MISS WOOD.—Managing a club-house.

MISS PALMER.—We have a registered nurse who has a most fashionable and most prosperous boarding-house. She was trained a good many years ago in Minnesota, and she has made a most unusual success of this business.

MISS LONGWAY.—One nurse has a beautiful place of twenty-five acres and takes, during certain seasons of the year, one hundred and fifty guests. Another nurse is a druggist and does her own business and has a good store. Those are the only two I think of at present.

MISS PHELAN.—I understand a graduate nurse has charge of manicuring and shampooing parlors.

MISS FORBES.—One nurse I have heard of has a plantation in Jamaica.

MISS STEVENS.—One of our most prominent members of the alumnæ of the Children's Hospital, San Francisco, is a practicing dentist; and I am happy to say she has not lost her interest in the nursing work. We have one or two physicians also, who are members of our alumnæ association.

THE PRESIDENT.—Anything further? I was down in South Carolina at the state association meeting just before coming here, and the speakers there, both among the nurses, the physicians, and others at the different meetings, were bewailing the fact that a number of nurses, who were dropping out of the work, were entering into matrimony.

MISS PALMER.—I don't think, Miss President, that that is peculiar to South Carolina; I think if we investigated we would find that they were engaging in that in other states.

THE PRESIDENT.—The next paper on "What Can a Nurse Do with her Margin of Time or Money?" written by Miss F. M. Capeller, St. Luke's Training-School Alumnæ, Chicago, will be read by Miss Mack.

## WHAT SHALL A NURSE ON PRIVATE DUTY DO WITH HER SPARE TIME AND MONEY?

Few nurses doing private work consider that they have any spare time, as a hundred and more things must be attended to the moment they are free.

There is a time, however, when the nurse has reported for duty and is waiting for a call or case. Then she has to stay close at home and sit beside the telephone, and often the nursing profession has its dull times.

This is the spare time that hangs heavily on her hands. She begins to wonder if it is worth while to begin to do any work, as she might be called on duty. Much valuable spare time is lost in waiting for a call, and for this reason I think it is an excellent thing for a private nurse to have a "hobby" or some congenial occupation, aside from her professional work, be it needlework, basketwork or designing. She can often make herself efficient in some other occupation, and should occasion arise, as when health fails, or for other

reasons, she has something to fall back on, some other source from which to make a living.

I met a nurse the other day who told me that she in her spare time is taking lessons in Irish lacework. She seemed much interested, and one felt that she had solved the problem, as she was making herself contented in her spare time, besides becoming an expert in lacemaking.

There are many instances, of course, that you and I could quote, where time is not wasted waiting, nervously and restlessly, but contentedly doing some congenial productive work. Nurses doing private work must have outside interests and occupation to counterbalance the effect of the abnormal atmosphere with which they are surrounded,—interests to make them cheerful and happy-spirited to go back again to hard work, and to circumstances which are often trying. The private nurse must improve herself in her own work and she must have interests outside her work, and mix with the world.

Who has not come across the nurse who has come home exhausted and worn after a long case, having given out her very best? There are few of us who are not affected by human suffering, or, having seen so much of it, have become indifferent. Should we, however, reach that stage, "a stage of vegetation," then life has lost its purpose.

The question what to do with our spare money, seems certainly most ironical. I have yet to meet the nurse who suffers from spare-money complaint. Most of us think we can barely make a living. I, for my part, am of the opinion that a nurse doing private work, possessing good health, good spirits, and with some enthusiasm left for her work, can make *a good living* and *can* save.

Many nurses have great responsibilities, educating a brother or sister, or helping their parents save. Such women have our greatest respect and admiration, and it is often a question in my mind whether the nurse having no ties might not become a better financier or manager had she some one dependent on her.

It is our duty to save. An endowment policy is a good cure for the nurse who is still young, and who often spends hard-earned money just for a diversion on things she knows she ought to or can do without. The policy stands threateningly between her and extravagance.

By no means am I, however, in sympathy with the woman who saves, works, and slaves for her old age, only, who never can or will allow herself any pleasure. Such a life is bound to be demoralizing to one's better self.

To close our eyes and hearts to the pleasures that are ennobling

and educational, because we must not or cannot afford them, is saving for an old age which certainly will not make us attractive and interesting *old* women. Such a life, I hope, we shall be spared.

We all go through hard struggles. The preparation for old age and what to do with our spare money are problems ever before our eyes, but the only solution is: Save what you can without dwarfing yourself. Be contented and proud that as a "busy bee" you are a useful member of society. Keep before yourself that you have to make and live your own life, according to your own ideas and principles. Be glad that you have "spare time" in which you can develop yourself and be yourself.

## STATE REPORTS

THE PRESIDENT.—We have now come to the reports from our state societies. I will call on the District of Columbia first,—Miss Greenlees.

### DISTRICT OF COLUMBIA

January 28, 1904, a bill was drawn up and introduced by the Health Officer of the District of Columbia. This was objected to by the nurses and their own bill introduced. This was opposed by the Commissioners and Health Officer. In the District, all matters pertaining to medicine or nursing affairs are referred by the Commissioners to the Health Officer; hence his active interest.

At a hearing before the Commissioners and Health Officer in November we were promised their support if we could combine the two bills, taking the best points of both. As this was practically the only objection the bill was having, we have worked this winter to combine them, knowing that unless we have the approval of the District Commissioners our affairs would stand a very poor chance in Congress.

Our new bill was read in the House January 22, referred to the Commissioners soon after, and hearing given the Nurses' Committee. We were asked to concede the right to name candidates for Nurse Examining Board. Their objection to the District Association was that it was not representative and too changeable. We were also asked to provide for non-graduates. Membership in the District Nurses' Association is composed of graduates from six training-schools, besides a large number of floating nurses, which is always more or less changeable, making the present enrolment two hundred and seventeen, which is supposed to be half the number of the trained nurses in the District. We conceded this point, stipulating that the Board be composed of graduate nurses; as to non-graduates, we inserted a clause saying that one who had nursed four years prior to the passage of the bill, and served one year as a nurse in a hospital, upon the passing of an examination in practical nursing could use the title of "Registered Nurse," this clause to be operative only three years following the passage of the bill.

Upon the return of the bill the second time from the Commissioners, the new points in it were, that all officers of hospitals, asking for registration, pay a fee of twenty-five dollars, and that all rules for the Nurses' Examining Board be made by the Medical Supervisors, and that no Superintendent of a Training-School be eligible for position on the Board. We objected to these, in consequence of which the fee was cut down to ten dollars, and the Medical Supervisors cut out. The clause depriving the Superintendents of the right to serve on the Board remained.

The bill also provided for an appropriation of five hundred dollars for office furniture and stationery, which was later cut down to two hundred dollars. These were the important changes we conceded and gained. The Commissioners then sent the bill to the District Attorney and from him to the House of Representatives, with their approval recommending its passage. It is now with the sub-committee on Ways and Means of the District of Columbia.

THE PRESIDENT.—Miss Freda Hartmann will report for New York state.

REPORT OF THE DELEGATE OF THE NEW YORK STATE NURSES' ASSOCIATION TO THE ASSOCIATED ALUMNÆ OF THE UNITED STATES

MADAM PRESIDENT, LADIES: When your chairman of the Programme Committee wrote to me early in the year to prepare a short paper as to the past, present and future doings of the New York State Nurses' Association, I intended to write a much shorter paper; since then I have had letters from nurses in at least four different states and one from Canada, asking me about state organization and registration. I have, therefore, prepared a more detailed account of our early work.

The New York State Nurses' Association was organized in 1901; the question which troubled the pioneers in this work was: How shall we organize,—on individual lines, as county organizations, or by alumnæ associations? All agreed that the ideal state organization would be by county societies, these county societies to send their delegates to the state meetings. This plan, however, was not found practicable for the immediate work of the association, as all were anxious for legislation. We then agreed upon two forms of membership, individual members who paid one dollar per year and were each entitled to one vote, and associations who paid at the rate of ten cents per capita and had one vote for every ten members, and the privilege of sending as many delegates as the society had votes.

Since then county societies have been formed in seven counties, and have joined the state organization; many of the original individual members are now holding membership in the state association through these local associations.

Simultaneously with the committee on by-laws, a legislative committee was appointed, which drew up the bill providing for our registration law; this bill was passed and became a law on April 27, 1903. As the law has been printed in the JOURNAL OF NURSING I will not quote it here, but any member who is interested may obtain a copy from the secretary. This law has not only affected schools in our own state, but in those of almost every state in the Union, Canada, and other foreign countries, as may be seen from the following figures:

SCHOOLS

| | |
|---|---|
| Number of New York schools registered | 98 |
| Number of schools outside New York registered | 126 |
| | 224 |
| Number of schools in state pending | 31 |
| Number from other states and Canada pending | 57 |
| | 88 |
| Number of New York State schools refused registration | 1 |
| Number from other states and Canada refused registration | 2 |
| | 3 |

INDIVIDUALS

| | |
|---|---|
| Number of certificates granted | 4034 |
| Number before the Board April 1 | 815 |
| Number in office at Albany waiting to be considered | 200 |
| Number pending (incomplete applications, residents of other states, etc.) | 466 |

EXAMINATION IN PRACTICAL NURSING

| | |
|---|---|
| Number of applicants who have taken the practical examination | 103 |
| Number registered thereby | 32 |
| Number registered after two examinations in practical nursing (included in the 32) | 2 |

The Board of Regents requires all nurse training-schools registered by them to provide both practical and theoretical instruction in the following branches of nursing:

1. Medical nursing, including materia medica.

2. Surgical nursing, with operative technic, including gynæcological.
3. Obstetrical nursing, each pupil to have had the care of not less than six cases.
4. Nursing of sick children.
5. Diet cooking for the sick, including (*a*) 12 lessons in cooking in a good technical school, or with a competent diet teacher; (*b*) food values, and feeding in special cases, to be taught in classes, not by lecture.
6. A thorough course of theoretic instruction in contagious nursing where practical experience is impossible.

Training schools for male nurses shall provide instruction in genito-urinary branches, in place of gynæcological and obstetrical nursing.

Many nurse training-schools wrote to the Board asking for assistance in developing their courses of instruction and in improving their methods of training. The Board of Regents then requested the New York State Nurses' Association to appoint a committee to prepare a uniform curriculum for the guidance of nurse training-schools. This committee was appointed at the annual meeting in April, 1905, and consisted of superintendents of various hospitals. Two members represented large general hospitals, one member a small general hospital, one member a special hospital, and another a homeopathic hospital. The result of their work appeared in the May number of the JOURNAL OF NURSING and I will let their report speak for itself.

In April, 1905, a Bureau of Information was created, its chairman making the following report at the annual meeting, held in April, 1906:

"In accordance with the wish of the association, the committee drew up and sent to one hundred and seventy-two hospitals in the state, a form of questions, twelve in number, covering the vital points in training-school equipment: Standards for entrance? Length of course? Hours of duty? If preliminary instruction precede the regular course? Whether instruction begins with theory or in practice? An outline of the course in practical work was asked for, giving time devoted to the different branches of nursing, and a similar outline was asked respecting the theoretic instruction in Anatomy and Physiology, Materia Medica, Food and Dietetics, Elements of Bacteriology, Analysis of Urine, Medical Nursing, including infectious diseases; Surgical Nursing, Gynæcological Nursing, Obstetrical Nursing, Infants' and Children's Diseases. The Questions were asked: At what time are your classes and lectures held? Who gives instruction? How much time weekly is devoted to each subject, and the number of lectures, demonstrations and recitations? To the one hundred and seventy-two blanks sent out, there came back fifty-five answers; of these twelve were blank, having no training-school attached to the hospital addressed; three or four more were returned by the post-office unopened. Of the forty-three training-schools heard from, thirteen have established a course of preliminary instruction. Three others are expecting to have such a course within the year. Six schools require high-school graduation of their applicants. Fifteen make one or two years in high school the minimum. The remaining twenty-two take grammar-school graduates, or apparently anything they can get. Ten schools give a three-years course, one gives two and a-half years, nine give two years; the remainder are not given. The twelve-hour day and the twelve-hour night are still almost the invariable rule; one school only has established the eight-hour rule. In addition to the long hours on duty many schools require attendance at evening classes and lectures; the class work required is from two to thirty-six hours weekly; teaching and lecturing is done by head nurses, training-school officers, and the medical and surgical staff of the hospital as a rule; the special teacher, however, is gradually but surely finding place. The final question was: Have you a course in post-graduate work? Three schools give only post-graduate course, one with good theoretic teaching, one with nothing but practical surgical work, and the remaining one is a course practical and theoretic in eye and ear.

A number of regular schools receive graduates of their own and other schools for post-graduate work, but do not outline the course. A general survey of the matter submitted for consideration shows that while the hours are no shorter, the practical work quite as absorbing and exhausting as in former years, very much more is demanded of the pupil nurse now than formerly, in class work."

In the meantime our enemies have not been idle, and during the past winter several bills were introduced into the Legislature, which, if passed, would have seriously injured our system of registration. However, through the prompt and good work of our legislative committee these bills were all killed.

For the future, little can be said, except that we are continually striving to

uplift the educational standard of nurses, work toward county organization of nurses, in order to bring those of the outlying communities into closer fellowship, and to do with our might whatsoever our hand findeth to do.

THE PRESIDENT.—Miss Brobson will give the report from Pennsylvania.

PENNSYLVANIA

MISS BROBSON.—Thursday of last week I received a telegram saying that I was to make a report for the State of Pennsylvania, and I had no idea what they wanted me to tell, but I can tell you what we have done.

In 1903 the state association was organized. As it was late in the season, we simply took that year to get ourselves in systematic order. In 1904 we began to work for the bill and got it in good shape to introduce in the legislature in 1905. It was introduced in the legislature in 1905 early and passed the House splendidly. It was unfortunate for us that our senator did not seem to take very much interest, and kept it in his overcoat pocket. In the meantime the insane asylums and small special hospitals had got to work to defeat the bill. The bill was put before the senate and reported back to the committee. We went to Harrisburg and got it through the committee, as we thought, when, unfortunately for us, the "Boss of Pennsylvania," Dr. Penrose, who had a small special hospital, had it sent back to the committee, and it is still there. This year in Pennsylvania is what we call an "off year," and has been devoted mostly to the original work of getting ready for the fray next year.

THE PRESIDENT.—The report from Maryland will be given by Miss Mary C. Packard.

MARYLAND

MISS PACKARD.—The Maryland State Association held its third annual meeting in January. During the year nearly one hundred new members have been added, raising the membership from two hundred and eighteen to three hundred and sixteen. Up to this time we had had only one meeting. Many nurses felt that the interest in the association would be increased if meetings were held more often than once a year. A meeting was, therefore, held in May, and we propose to hold one in October, the annual meeting still to be held in January. In February of this year an amendment was offered to the Maryland Bill, the object of which was to allow hospitals to send out their pupil nurses to care for the sick without having this disqualify the nurse for state registration.

The amendment, we are glad to report, was defeated, and the Maryland bill now stands just as it was passed. There are five hundred and five nurses ready to register in Maryland. Maryland has an active society working for the prevention and cure of tuberculosis, and the nurses' association has joined this society in a body. Moreover, there is in Baltimore to-day a nurse who is doing district nursing among the poor who are suffering with this dread disease, who is being entirely supported by the Maryland State Nurses' Association of graduate nurses.

We also have a committee whose duty it is to investigate and report the failures and successes of central directories in other cities. While many feel strongly the necessity of such a directory, no definite steps have yet been taken, as the association is somewhat divided as to the advisability of establishing a registry. The association has taken an active interest in the child-labor question, and also in the work of the Red Cross Society, and a committee has been appointed to work with the Maryland branch of that society.

There is an interesting point in connection with the appointing of this committee. A part of the work of this committee will be to act as vouchers for nurses who apply for enrolment as Red Cross nurses. It was originally intended that this committee should be composed of physicians and nurses; but our honorary president, Miss Nutting, whom so many of you know, always stands for nurses for nurses' work. This caused some delay, but at our May meeting we were told that the Red Cross committee had come around to her way of thinking. Moreover, a few days ago, the chairman of that committee called to say that at a meeting held that afternoon they had decided to appoint the committee that the Nurses' Association appointed and to enroll only such nurses as were recommended by them.

This practically put the enrolment of the Red Cross nurses in Maryland in the hands of the State Association of Graduate Nurses.

THE PRESIDENT.—The report from Michigan will be given by Miss Anna M. Coleman.

MICHIGAN

MADAM PRESIDENT AND MEMBERS.—A brief résumé of the nursing organization in this state will enable you to know how the work has developed here.

The first alumnæ association organized was that of the Farrand Training-School in connection with Harper Hospital, Detroit, in 1893, with a charter membership of nine; to-day it has an enrolment of two hundred and twenty-five.

There are now thirty alumnæ associations organized in connection with training-schools in this state.

When the Nurses' Associated Alumnæ was organized, in 1897, the Farrand Training-School alumnæ association was represented at that meeting by Miss M. E. Smith, of Detroit, and the Farrand Alumnæ Association is therefore a charter member of the Nurses' Associated Alumnæ.

In 1902 the Detroit Graduate Nurses' Association was organized, and consisted of the alumnæ associations of Grace Hospital training-school, Farrand training-school in connection with Harper Hospital, St. Mary's Hospital training-school, and individual graduates from other institutions, resident in the city.

The special object was to secure state registration for the graduate nurses of Michigan.

In order to aid in developing a broader basis for state work, the name of the Detroit Graduate Nurses' Association was changed in March, 1904, to the Wayne County Graduate Nurses' Association. It was felt that county associations would in the future be the logical units for successful state work.

On May 10, 1904, the Wayne County Graduate Nurses' Association invited all graduate nurses in Michigan to attend a mass meeting in Detroit for the purpose of organizing. This was accomplished, and the Michigan State Nurses' Association was established. The charter membership numbered nearly two hundred.

The important work of the state association has been the preparation of the registration bill. The bill was drafted and presented to the legislature in April, 1905. It passed the Senate unanimously, but was not considered in the House, owing to its late appearance. It will be presented again in modified form at the next meeting of the legislature, in the spring of 1907.

As a state association we have the honor of having responded to the cause of higher education by pledging ourselves to assist in the endowment of a chair in Hospital Economics at Teachers College, Columbia University. We have to-day $329.58 for that purpose. To those who have not had an opportunity of contributing to this fund the time has been extended until the next annual meeting.

At the last annual meeting of the state association the Michigan State Federation of women's clubs appealed to the Michigan State Nurses' Association to co-operate with them in the work of improving the condition of the sick poor in the county almshouses.

The affiliation of the state association with the Federation of Women's Clubs is so far as we know the first coöperation along these lines, and is indeed a large field for useful work.

The Michigan State Nurses' Association extends a cordial greeting and welcome to the members of the national association and to all visitors who have honored Michigan by their presence on this occasion.

THE PRESIDENT.—The report from Illinois will be given by Miss Minnie H. Ahrens.

ILLINOIS

MISS AHRENS.—I am afraid Illinois comes to-night a little disheartened. As perhaps all of you know, last year we again lost our bill. Our bill passed both the House and the Senate last year, as it did at the previous legislature, but it was a little unfortunate when it reached our governor. Some one asked me last night why we didn't see to getting the right governor in the chair; I told her we were very glad

to see Gov. Deneen in the chair, because we thought we could go to him with confidence.

While we have been disheartened, but little has been done along the line of legislation, as our legislature will not meet until next year.

During the year interest has been kept up among our nurses. We have had our meetings quarterly. They have been well attended, and our steps have been along philanthropic lines. We have had one meeting on juvenile work, and another one on the vocation of nurses, so that the interest has not lapsed. We hope this coming year, if we do not go up to Springfield for our bill, that we may awaken interest in the bill so that when we do go again we will not come back and say we have failed. I hope at our next annual meeting in two years that we may come here and say that we have state registration in Illinois.

THE PRESIDENT.—We will hear from Virginia, through Miss Bryden.

REPORT OF THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA

The organization of the Graduate Nurses' Association in 1901, the establishment of legal recognition of our profession, and the State Examining Board, mark a new era for the graduate nurses of Virginia. Though a small band of nurses, as charter members,—a mere handful in comparison to other states,—we put forth our best efforts to establish a high and uniform standard of professional education and ethics. Realizing the responsibility of our organization to keep up this spirit of enthusiasm, each nurse pledged herself to work in harmony for one common cause.

At the time of our organization, there were but two alumnæ in the state of Virginia, and no local association in any of our cities. Now there are scarcely two schools in the state that have not organized an alumnæ, and local associations have been established in nearly all of our cities. Much valuable work has been accomplished by this concerted action, that could never have been accomplished by the individual nurse.

The establishment of our State Examining Board has caused the standard of each school of the state to be raised, to meet its requirements.

Our state board holds examinations semi-annually in various sections of the state, for the convenience of the applicants.

The graduate nurses, realizing their moral obligation to aid in the prevention of tuberculosis, at our annual convention of 1905 appointed a committee to cooperate with the antituberculosis league of the state. We have had very encouraging reports from this committee. A hospital has been established in the mountains of Virginia for tuberculous cases, and in our cities the nurses, especially the district nurses, have been an invaluable aid along this line.

About two years ago a committee was appointed, at the annual meeting, to consider ways and means of establishing a sick benefit fund for the members of our association. Though it has taken us two years to accomplish this work, we feel now that it is established upon a firm basis, and will be of much value to those who fall by the wayside.

The committee on a proposed Domestic Science course, to be established in our schools and colleges, has not lagged in its efforts to accomplish this work. They keep the subject ever before the officers of our schools, and though the southern people are proverbially slow, we believe this can be done in the near future.

It is a great encouragement to find our annual conventions more largely attended each year, more genuine interest manifested, an increase from time to time in applications for membership in the association, and from an organization of less than fifty members we have now about two hundred.

At our last annual meeting, held in May, among the papers read before the convention was one on Hospital Economics at Columbia University. Unusual interest was manifested in this subject, and many suggestions were made in regard to the establishment of a scholarship from the state of Virginia in Teachers College. That this will be done we feel confident, and we will keep the matter before us until it is accomplished.

It is the desire of the Graduate Nurses' Association of Virginia (though we are few, and have little of the world's goods,) to contribute, if only a widow's mite, something towards the endowment of the chair of Hospital Economics at Teachers

College. The graduate nurses of Virginia are ever ready to follow the good example of their sister states, and desire the interest, the good will, and the presence of the Associated Alumnæ of the United States.

THE PRESIDENT.—We will next hear from Massachusetts, Miss M. E. P. Davis.

MASSACHUSETTS

The Massachusetts State nurses held a mass meeting and organized in Faneuil Hall, February 26, 1903. Nurses join the society as individuals, not sending delegates. The membership now numbers seven hundred and six. A county branch of the association includes all the state association members residing in a county. Where the number in a county has been found too small for working purposes, two counties have united. The county societies are allowed a councillor for every fifty members, or fraction of more than half that number. Every county is allowed one councillor, even though it may not have more than ten members. The councillors nominate and elect the officers of the state association, and as they perform such an important function, if the county fails to elect a sufficient number of councillors they may be named at the annual meeting of the state society. The state society ratifies the election of the county councillors at its annual meeting. The annual assessment is two dollars; twenty-five cents per capita is allowed the county branches for current expenses. The officers and councillors meet monthly, receive reports, accept applicants for membership, and plan the lines along which work is to be done. The county societies, as a rule, meet monthly, for nine months of the year. While registration is discussed, they have also introduced into their meetings an educational and progressive element, hearing addresses from physicians and others on a variety of subjects. The state association holds its annual meeting on the second Tuesday in June, and holds meetings at such other times as the officers and councillors decide. The work has been entirely along registration lines and in the interest of the profession.

The meeting in Worcester, November, 1905, was noticeably interesting and enthusiastic, many public men taking part in the discussions in favor of the movement.

The first hearing at the State House before the Public Health Committee occurred on February 19, 1904. The opposition came mainly from the state board in medicine, the president and secretary of that board both appearing in opposition, not to "registration," but to a separate commission or board of nurse examiners. They have since changed their base but left their mark, and have made themselves powerless to help or to hinder, as the real opposition comes from a different quarter, in which they play only the part of units. They also objected to parts of the bill which they thought out-of-date legislation, and the crudity of other parts, and especially emphasized the fact that unless we took in everybody that did nursing of any kind we were asking for class legislation, and would never get the bill through. The committee on legislation asked leave to withdraw to amend, and the bill as amended was finally withdrawn from the Committee on Public Health. The Association was incorporated in January, 1905.

The second hearing occurred February 17, 1905. At this hearing the opposition came from hospitals giving less than a two years' course in the hospital, from schools having no hospital connection, and also from male nurses, some of them qualified, some not. Here again the physicians took up the burden of the opposition in defence of those schools and disqualified nurses. The Committee on Public Health reported adversely, and Mr. Walker, of Brookline, who had the bill in charge, advised that it be withdrawn, which was done.

The third hearing occurred on March 21, 1906. The bill had been so modified, and all the opposing elements so conciliated, that it met no public opposition, and yet the Committee on Public Health, who had by this time acquired the habit, reported adversely.

Mr. Walker made the motion before the House that the bill be substituted for the adverse report. The motion was lost, thirty-eight for, and one hundred and five against.

Now what is the matter with Massachusetts?

Some say "Too many commissions already," and though the policy avowedly is to decrease them, more are being created each year (for voters).

The unwillingness of legislators to regard with favor any request for privilege that would put into the hands of women legislative authority is, perhaps, more marked in Massachusetts than any other state of the Union. It is worthy of note that not a Woman's Club, Charity Organization, Philanthropic Society, Uplifting Union, Prevention of Cruelty to Children or Animals, Suffragist, or anything in which women are engaged as independent workers, has bid us "God speed" because they recognize we were working along the same lines and were willing even in so small a way to recognize our efforts.

A certain celebrated general of ancient fame, with his men, marched up a hill and then marched down again. I have always admired the patent reversible military training which sent them down in as good order as they had manifested in their upward progress, but I have speculated too as to what would have happened if they had had a really definite, worthy object in marching up, or if, failing at the first attempt, they had "tried again."

The Massachusetts state nurses have marched up the hill to the State House for three consecutive years, with their bill for state registration, and then marched down again,—as one of our number has tritely put it, "cast down" but not "dismayed"; saddened, but much enlightened; therefore wiser. Being firmly convinced of the justice of their demands and the righteousness of their cause, they are not to be discouraged or disorganized by repeated adverse reports of a committee whose name should stand for something appreciative and, if such a thing exists in politics, a friendly attitude towards the profession,—the Committee on Public Health.

With a firmer determination and a clearer insight into the causes of opposition the Massachusetts State Nurses' Association will march up the hill every year in good order, and down again, if need be, in the same style, till they get state registration for nurses in Massachusetts on their own terms.

THE PRESIDENT.—Indiana, by Mrs. Fournier.

INDIANA

MRS. FOURNIER.—Indiana's report is not ready for you yet, and we don't want you to think Indiana is not doing any work; but I will tell you a little about it, though I cannot give you a written report, because it is not in our hands.

The Indiana State Society was organized in 1903, having for its purpose about what all the other state associations that are organized have,—the betterment of our profession, closer relations of sister nurses, and also state registration. We passed a bill in February, 1905, successfully, and it is now in operation. During the last year the board has registered over six hundred nurses. It was a surprise to a good many workers in Indiana, because they didn't know that there would be so many graduates scattered in different places in the state. We certainly were not condensed in any place. The only alumnæ society that was in existence in the whole state, at the time we began to take up state organization, was one in Fort Wayne, Indiana. At this time there are several. We feel it is marvellous what has been done in Indiana. We don't feel elated over it, but we feel so much has been done that great responsibility has been placed upon us, and we have a great deal depending upon us; we must go to work and we can't make any mistakes. We obtained the bill easier than other states because there was not enough organization opposed to it. I think that is the reason. Everything that was brought to bear upon the bill was in favor of it. The opposition was not as active as in other states. Some opposition was made, however, and the bill was somewhat changed.

We wanted that it should require the governor to select a board of registration from names we presented; that was not allowed, although he does select a board of nurses. So we do have a board of registration consisting of nurses appointed by the governor, but he has no one to dictate to him from whom they shall be chosen; the members don't have to be even a member of the state association. But let me say that those who were appointed, at the first meeting of the state association came to us and said they wanted to be members,—some had already joined, and the others put themselves in touch with the state association.

The board has done excellent work in everything. There was no training-school inspector to be appointed by our bill, and they felt the need of a training-school inspector, so they have appointed one of the board of examiners as inspector, and she is engaged at the present time in this work. She visited our school two weeks

ago to-day, and has been visiting all the schools in Indiana; and in talking with her two weeks ago, I found we had been doing better work than we really knew we were doing.

There is now a desire for progress upon the part of a number of small hospitals, and Indiana is supplied with quite a number of them,—necessarily so, because our towns are small, and those small towns need to take care of their people as much as the larger towns to take care of their larger number. They are very glad to meet this training-school inspector to find out what they can do to give to their pupils what they need to have. They don't indicate any opposition, and in one hospital she had been in, they said, "You are just the one we want to see. What are you going to do; how is this going to be brought about?" And I believe there has already been called a meeting of the superintendents of the schools of Indiana to meet with the board of registration for the purpose of conning these matters and coming to some definite conclusion as to what are the best steps to be taken to bring about an affiliation of the training-schools. Nearly all the schools in the state have considered plans, and nearly every small hospital,—not because they are small, because they are all small,—is taking into consideration the necessities of the hospital; and they have arranged for a nine months' course. I am not sure as to the time exactly, but it is already established. This affiliation is coming about because of the work the state association has done in the matter.

If we had been opposed in our bill this might not have been so. I find the passage of the bill has done wonderful good in our state. A meeting such as we have here to-day is the greatest help; to talk one with another and interchange ideas, as we have done here, broadens us and makes us better. We are inclined naturally to the schools where we were trained, and when we have no interchanges we are a little jealous of some other nurse from another school. I am glad the barriers are broken down by meeting together as sisters of a profession.

Indiana has been helping along in that line, and I am pleased with the work we have done and the legislation we have obtained. The legislation was needed, and is doing for us a wonderful work, and I have not told you all it is doing. We sympathize with the states that are having so many difficulties, but it is all helping a good deal, and I am sure they are not sorry for the steps they have taken if they do fail; the persistency they have displayed has been helpful, and I feel that nurses who have organized and battle with these problems can work out the difficult problems and in the end will reap the benefit of them, and the work itself will improve them.

THE PRESIDENT.—We will now hear the report from Ohio. Miss Doe.

MISS DOE.—The president of our association wishes to extend her hearty congratulations to the Associated Alumnæ.

### REPORT OF THE OHIO STATE ASSOCIATION

The Graduate Nurses of Ohio feel very proud of the growth of the state association, which was organized January 27, 1904, at Cincinnati, with a charter membership of twenty-eight.

Although not three years have elapsed, we now have one hundred and thirty members. At the first annual meeting, held in Columbus, on October, 1904, forty-six new members joined. At the second meeting, in Cleveland, October, 1905, sixty-eight more were added. A few nurses have withdrawn, some have gone to other states, and death has taken one of our members. The meetings were well attended, and much interest was shown, several nurses not taking cases so that they could be at the meetings. Very friendly and cordial relations have been maintained among the officers and the nurses in general.

As our regulations and by-laws state, the object of the association shall be, "The advancement of the educational standard of nurses, and the furtherance of efficient care of the sick; the maintenance of the honor and character of the nursing profession, and the fostering and promotion of cordial relations between the graduate nurses of Ohio, and those of other states and countries." As the first step toward attaining this object, all our energies were directed toward a bill for state registration. The rock of our destruction proved to be our state constitution, which definitely states that "only electors may hold office, even without enrolment." Another section states, "Electors must be male citizens, over twenty-one years of age."

Another objection was that the committee (which we felt must consist of graduate nurses, having at least five years' experience in their profession) would come under the class of "official." So one bill after another was rejected by the state association.

A bill was presented to the House Committee this year. We learned that aside from constitutional objections there would be tremendous opposition from the small hospitals and sanatoriums. We put in another bill which we hoped would pass, but our governor did not sign it. The legislature closed rather earlier than usual, and will not meet again for two years, so that we have two more years to wait.

Although we have not been able to obtain state registration, we are not discouraged, and we intend to follow the motto, "If at first you don't succeed, try, try again." A great deal has been accomplished since we organized, as every city of any size has its graduate nurses' association, all the direct outcome of the state association. We know that we are not alone in our fight for state registration, and there is an old saying that "misery loves company," and I am sure we have company with Illinois and Massachusetts. We hope to get many suggestions from this meeting. Like Massachusetts, though we have no hill to climb, we expect to do a great deal of marching,—on level ground.

THE PRESIDENT.—North Carolina. Miss Wyche.

NORTH CAROLINA

MISS WYCHE.—At our last meeting there were thirty members present. Our membership has grown from thirty-eight, at the time of organization, to ninety-eight, in one and a-half years. We are doing a little along several lines. One thing we want to establish, and have very good reasons to think we can, is a central preparatory school, and if we can get all the hospitals to coöperate with us in it we can get a course put in the college. It now remains with the hospitals whether they will recommend the course or not.

We have only about eight training-schools in the state. It does seem as though we could get these to work together. Out of our eight training-schools we had only eight nurses pass an examination this last week. Only eight came up for examination. Of course this first year there were causes. Some nurses have not finished their course this year, and some were afraid to take their examination, and that cut our number very short.

If there are any questions you would like to ask in regard to any other branch of the work in the state, I would be glad to answer what I can. Our nurses are working along different lines, I suppose pretty much as they are in other states; a few doing district nursing. One of them does mountain district work. She rides horse-back from one place to another all day, eighteen miles or more a day. These patients pay her sufficient to support her for doing this work. She is a very frail-looking woman, but seems to enjoy her work and has done it for several years.

Only two of our schools for girls support a graduate nurse. One is the state normal and the other is the Marvin School. Those two schools employ graduate nurses. I suppose you would like to know what some nurses do who do not nurse all the time. One, for fear she would not have nursing,—there is more demand for nurses now,—worked for a dressmaker at fifty cents a day, for fear she would not get a case for two or three months, and she didn't want to lose that time. Now she has done some nursing for a benevolent association for fifty cents a day until she could get private work, and so she is enabled to do considerable work for the poor in the community while she is waiting for private cases. One nurse gave up nursing and took two brothers from the farm to the university town to get an education, and kept boarders, and from the income of the boarders she has been enabled to stay there four years and pay expenses and keep those boys in college until they finished.

I don't think of anything else that will interest you.

THE PRESIDENT.—Iowa. Miss Grace E. Baker.

IOWA

MISS BAKER.—The Iowa State Association was organized three years ago. Thus far we have had annual meetings, and we have a membership at present of two hundred and five. Most of the work of the association thus far has been along

legislative lines. At our annual meeting last year in June, in Cedar Rapids, considerable time was spent on the framing of a bill which came before the legislature in the spring. The fate of this bill is as follows: It came before the legislature in January; work was done upon it constantly until February, and it was brought before the Public Health Committee of the Senate. The legislative committee appeared before this body and after much discussion it was decided that the bill should be recommended to the Senate providing for an examining board of three nurses. The examining board was the stumbling-block through the whole time. On March 9th the bill passed the Senate, but was amended on the floor in such a way that the examining board was to be the Board of Health. On March 16th the legislative committee went before the House Committee on Public Health and requested that the bill be killed in committee unless they felt that it could be amended and be brought before the Senate again with the provision that nurses could constitute the examining board. So the bill was killed, but we are not discouraged, and we are going to work again on the bill as soon as we have had our annual meeting in Des Moines next week.

THE PRESIDENT.—The report from California. Miss Cooke.

CALIFORNIA

MISS COOKE.—I really have no formal report from our state, and some of it will have to be an informal statement of the work done by our state association. We are a young association, organized in 1903, and at the time of the organization there were forty members, I believe, representing twenty different hospitals, and those were not all in San Francisco, but all over the state, practically.

In 1905, in March, and of course after our organization, our work was directed towards state registration. In March, 1905, a bill drawn up by our state association was signed by our governor. We had the usual trial in getting our bill through, and a great deal of running back and forth between San Francisco and Sacramento, the capital; and finally, after a few amendments, our bill was passed, and acting with the sanction of the governor, who said it was eminently satisfactory, and getting the sanction also of the president of the board of regents of the University of California, we were requested to come under the board of regents of that university, as our governor had declined to establish any new commissions.

We, of course, were delighted, and had a sort of jubilee, and the bill was got into effect in July. Since July we have been working and waiting for the regents to have a quorum, for this important member to return from the East, or China, or recover from something. In November, 1905, we were granted the privilege of going before the board to state our wishes, etc., and in order that the whole state might be represented and duly impress the board with our standing and strength and wishes in that direction, we had our members and councillors come from the different parts of the state.

I will also here state that we have divided the state into six councillor districts, represented by six councillors,—of course one for each district, then three councillors at large, and I think these six councillors were present at that meeting.

At this time some very important business had come up, so that one of the regents must go early and there would not be a quorum. They requested,—or didn't exactly request, but said they could not hear us that day. And our chairman, who was not to be downed at this crucial time, caught the chairman before he got back to the meeting-room, and simply impressed upon him the importance of meeting us at this time; that we had gone to a great expense to bring the different representatives from different parts of the state, that we might not be able to do this again, and that if they could only let us have a hearing it would be very acceptable. Finally they consented to give us just an hour. After the meeting closed we were chatting with them and were rather amused when somebody told us, "Well, we thought you were going to keep us; you know women talk so long." And our chairman, Dr. Grossman, impressed them that we were professional women and hadn't time to devote to long talks.

Then it was arranged that we should meet a special committee, and we were referred to the committee on the colleges of dentistry and medicine. Various incidents came up to interfere with the meeting, and our chairman had to go abroad and the business was referred to another chairman, and another meeting was ap-

pointed for April 10th. That was a most satisfactory meeting. The president of the university was there and the rest of the committee. One of the members of the board had been in the East, in New York State, and had been making careful inquiry into the working of the bill in other states, and we really felt that they were inclined to listen to us and take up this measure; they requested that we present to the board a working plan. Through our attorney a satisfactory plan was presented. They were to consider this plan on April 26th, but they have not done so. We have not given up, and hope still to hear something from the bill that we got through. That is as far as we have gone with our registration.

Our association numbers nine hundred members. The first year, when we were about a year old, we established a journal, and we have found it most useful in keeping our members throughout the state in touch with what is going on in the organization. I will say that we were so ambitious as to call our journal *The Pacific Coast Journal*, with the hope eventually of enlisting the interest of the whole coast. Our third annual meeting is to be held this year at Los Angeles. At that meeting we hope to have representatives from Oregon and Washington. We sent formal invitations to both those states, with a view of eventually forming a tri-state organization; and in that way to include the whole coast, and aid in every way the work on the coast. I think that is really all the report I have to make.

THE PRESIDENT.—This brings us to the end of the reports from the affiliated state associations. At the request of many delegates from the state associations who have to leave the city, we have decided to change the time for the state meeting to Thursday morning, and give as much time as possible to-morrow morning to the discussion of state matters.

*Thursday, June 7*

MORNING SESSION

THE PRESIDENT.—We have some letters received since yesterday morning which the secretary will read.

"THE COLORADO STATE TRAINED NURSES' ASSOCIATION.

"COLORADO SPRINGS, COLO., June 1st, 1906.

"MY DEAR MISS CASEY: I regret to say that nobody will be present to represent the Colorado State Trained Nurses' Association at your annual meeting to be held in Detroit. Your letter was read before the meeting held in Denver on May tenth, and members all over the state have been requested to notify me if any of them should be able to go.

"Regretting much that we cannot be represented,

"I remain,

"Very sincerely yours,

"SUSAN S. HARRIS, R.N.,

"Secretary."

"SAN FRANCISCO, May 31st, 1906.

"MY DEAR MISS CASEY: I am no longer secretary of the California State Nurses' Association, having resigned about two weeks ago on account of pressure of other work. As secretary of the association since its inception, as a Californian, as a San Franciscan, I want personally to thank you and the nurses of the Associated Alumnæ for your kind sympathy and offers of assistance. You are no doubt aware that never in the world's history has a city been compelled to face the enormous problem that confronts San Francisco. The immediate crisis in the affairs of the people has passed. Thanks to the generous aid that poured into the city from all over the United States with almost incredible speed, the suffering has been much less than anyone ever dared hope. We realize that it is now time to turn our attention to our own needs,—the needs of the nurses who during the awful days following the disaster thought not of themselves, but worked heroically day and night for the relief of others. It is impossible to give you a clear idea of conditions here. The nurses have scattered all over the state, principally in nearby towns. Some of them left their homes the morning of the earthquake, in their uniforms, to work in the "Pavilion," where

the wounded had been taken. Later this took fire; the patients had all to be transferred to the Presidio, and the homes of the great majority of nurses burned while they were away.

"San Francisco needs these women; there is still a great deal of relief work for nurses to do, and we find from the temporary central directory that we have established that employment can be obtained for a great many. The relief committee organized by the county society is endeavoring to raise funds to continue this directory, rent a house (rents are high, as houses are few), furnish it, and offer a home to those nurses who have been turned out. Those who can may pay, the others need not; those doing relief work will be given room and board free. We believe this to be the most practical aid to offer the nurses, and will be thankful for any assistance. Contributions should be sent to Miss M. L. Sweaney, secretary of the county society, whose address is 8 Sanchez Street. I regret that I was not able to act as delegate to the convention, but Miss Cooke, the editor of our *Journal* and one of our hardest workers, has gone in my place.

"Thanking you again for your kind letter, I am,

"Sincerely yours,

"THERESA EARLES MCCARTHY."

THE PRESIDENT.—Taking up the unfinished business of yesterday, we have the question of the amendments to the by-laws which have been suggested by the executive committee. The suggestion is to amend Section 2, Article xiv, to read as follows:

(2) "These by-laws may be amended at any annual meeting by a two-thirds vote. All proposed amendments shall be in the possession of the secretary at least two months before the date of the annual meeting, and shall be appended to the call of the meeting.

(3) "These by-laws may be amended at any annual meeting by a unanimous vote without previous notice."

I was saying yesterday that Section 2, Article xiv, is not clear. It is a change in the wording to make it more clear. I would like this to be presented from the floor in the form of a motion. Miss Palmer, will you make the motion?

MISS PALMER.—I move the by-laws be amended so that Sections two and three of Article xiv shall read as follows:

(2) "These by-laws may be amended at any annual meeting by a two-thirds vote. All proposed amendments shall be in the possession of the secretary at least two months before the date of the annual meeting, and shall be appended to the call of the meeting.

(3) "These by-laws may be amended at any annual meeting by a unanimous vote without previous notice."

The motion was seconded and carried.

THE PRESIDENT.—It is also proposed to amend Article xi of the by-laws in reference to the nominations and elections. Section 1 to read as follows:

"There shall be a nominating committee of five (5) members, two (2) of whom shall be appointed by the chair and three (3) by the house.

"On or before November 1st this committee shall issue a blank to each affiliated association; on this blank shall be written the name of one nominee for each office to be filled.

"The blank shall be signed by the president and secretary of the nominating association, and the name of the association appended, and shall be returned to the nominating committee on or before January 1st.

"From these returns the committee shall prepare a ticket of nominations consisting of the two or more nominees receiving the highest number of nominations for each office and expressing a willingness to serve if elected, and the ballot shall be mailed to each affiliated association at least one month before the annual meeting.

"This ticket to be accepted in whole or in part at the will of the convention."

If there are any questions you would like to ask about these amendments I

will be glad to answer them. The points are, that we shall have a nominating committee of five, two members appointed by the chair, and three named from the floor of the house. Then, before November 1st, this committee shall mail a blank, which will be a printed blank, leaving a space for nominations for each office, to each association. The association then shall have the privilege of nominating one person for each office. Associations in the same city may act together so that we will not have scattering nominations. They agree upon their nominations, if they choose. And they shall be sent by the president or secretary of the association to the nominating committee before January 1st. That gives the nominating committee from January to May to prepare their returns. The delegates will then be sent to the annual meeting prepared to vote for somebody they know something about, and you will know who the nominees are before you come here. It is thought that this will be a much more satisfactory way of securing nominations which will be the choice of the associations.

The subject is now open for discussion, if you wish, and it may be put in the form of a motion if somebody is prepared to do so.

MISS MCISAAC.—Perhaps, as some of the delegates may not have thought on the subject, I might make a little explanation of the necessity for this change of nominating. You can all easily recognize the fact that it would be very difficult for any nominating committee to make choice of officers for this association from all parts of the country. We are very widely scattered, and we have new associations coming in all the time. When the association was new and small it was not so difficult, but now we are getting larger and larger, and these proposed amendments are a minor matter, but will simplify the work of the nominating committee and make it very much easier, and it will be more satisfactory to all the affiliated associations. In this way we will get nominations from all parts of the country, and it is desirable to get names of women who are capable and willing. When we have delegates from California to Maine we cannot all know one another, and I believe the proposed method will be much more satisfactory.

MISS ROBERTS.—May I ask if all members are eligible for nomination?

THE PRESIDENT.—Yes; any one who is a member of an associated alumnæ is eligible.

MISS MITCHELL.—I move the amendment to Section 1, as read, be adopted.

MISS GRAHAM.—I second the motion.

The motion was put by the president and carried.

THE PRESIDENT.—The next subject is the revision of Section 2 of the same article, applying to elections.

It reads as follows:

"SEC. 2. On the first day of the convention the president shall appoint from the meeting as assembled, inspectors of election, as required, half of whom shall act as tellers.

"Polls shall open at ten A.M. and remain open for such period of time as shall be specified by the board of directors in its instructions to the programme committee

"All elections shall be by ballot, ballot-boxes to be provided as required.

"The candidate for any office receiving the highest number of votes is thereby elected."

The change there is in the time given for balloting. As it is now, we only have the one half day for it. It is difficult to get the ballots in in the required time. Besides, you will come here with your ballots prepared and know how to vote. Under the amendment, the polls can be kept open until noon of the second day, probably, giving a full day and a half, at least, for the election. Are there any othe-

questions you would like to ask, or suggestions to make? Do you think the old way is the better?

MRS. FOURNIER.—I move the amendment be adopted.

The motion was put and carried.

THE PRESIDENT.—Is there any other business anyone would like to bring before the convention?

MISS REID.—I would like to suggest that the programmes for these meetings be printed in our magazines so that we could know what the subjects would be before we come here, and thus be better prepared for the discussions. We were not prepared for the discussions last night. If we could have the programmes printed before we come here, we could know what we were expected to talk about, but as it is, we do not.

THE PRESIDENT.—The only way to remove that difficulty is to have people who are asked to read papers respond promptly to the request of the programme committee. The programme committee has been working hard the last year to get members to write papers, and it was only the week before the meeting that they were able to have their programmes printed in full. It might be a good plan to allot to each association a particular subject they must have some one write upon or take part in the discussion; then we can get the programme printed in the May and April JOURNALS.

MISS HOLMES.—Is it in order for visitors to speak in this session?

THE PRESIDENT.—They are privileged to take part in the discussions.

MISS HOLMES.—We have a strong county association in St. Paul, and twenty per cent. of our members are members of alumnæ associations, and we want to know if it can be arranged in the future so that county associations can be affiliated with this body.

MISS DAVIS.—Why could not the county association join the state and then come in by the state association? We would get very bulky if every county association joined us.

THE PRESIDENT.—We are hoping the Minnesota State Association will join us.

MISS DAVIS.—It is just the laws under which the association is organized. The state takes in all nurses from any school, and through that association they are represented in this society.

MISS PALMER.—I want to say a word for women who do not live near their alumnæ. I was one of a committee appointed to organize this Associated Alumnæ, and in that way became a charter member, otherwise I probably would not have been a representative in this society, because I never lived near my own alumnæ association, and I have not been in touch with them to send me as a delegate, and I have always come upon my own responsibility and at my own expense until I came in the interests of the JOURNAL, and have had my vote as a charter member. There were only twelve of us who were given charter privileges, so that when one talks about membership and local representatives I feel strongly about it. I think we have some county associations that are made up of the representative nurses of the counties scattered all over the state, and those women have no real direct representation here except where there is one delegate from the state to this association. I don't think our membership is as broad as it ought to be on these lines. I think you will find just as many women in the west as in the east, and women in one section of the state as in another section of the state, who never are delegates to this association, and a great many of them, like myself, who have never had the opportunity of being near their own associations.

MISS GREENLEES.—In the District of Columbia our state association is made up of nurses from different alumnæ associations, who are not with their own alumnæ, who have lived in the district and never lived in their own states.

MISS BETTYS.—I believe our states will be so thoroughly organized in the next five years that they will have subdivisions and sectional organizations, or something of the kind, and we will come here only as state representatives.

THE PRESIDENT.—Is there any other matter you would like to present here, or is there any definite action you wish to take on this suggestion? If not, we will proceed to the papers of the morning.

The first is, "Are Nurses Being Overtrained?" by Miss Ida Washburn, Boston City Hospital Nurses' Alumnæ.

## ARE NURSES BEING OVERTRAINED?

The necessity of a discussion upon the subject, "Are Nurses Being Overtrained?" at this time shows that we have arrived at the place where two ways meet, and bids us pause that we may see whither we are tending.

This question has been long in formulating, but it has been only recently asked, when it immediately created widespread interest, from which may be derived the fact that the nurse, her work and her training, its length and breadth, are of vital importance to a large part of the community. We may try to answer this question by asking another: "Why have nurses been trained at all, and what has been the object and aim of their education?" Webster tells us that the verb "to train" means "to educate." Therefore we are at liberty to use the words synonymously, and a trained nurse stands for an educated nurse, a trained woman for an educated one.

It is not possible to dwell here upon the evolution of the trained nurse, which would include a history of the advancement of medical science in the past thirty years. It is enough to say that with the discovery of the germ theory, which made aseptic surgery possible, and the wonderful advancement in the prevention and isolation of infectious diseases, the work for the trained nurse lay at hand, namely, a woman who, above all else, desired to care for the sick, and so placed herself where her services were most needed, and where she, in return for her labors, received such instruction as the times and circumstances afforded. This development was a purely natural one. It was of neither mushroom growth nor hot-bed production.

With great sagacity and far-sightedness, as the history of our early training-schools shows, a few pioneers, some of whom are still living to see the fruits of their labors, hewed out the path which has had such a large following, and which has been broadened in the effort to meet the requirements of the present day.

What are some of these requirements? It is impossible to measure them with those of thirty or forty years ago. Physicians of modern times in our large cities are no longer combating epidemics of such dread diseases as smallpox, cholera, and typhus fever, which have been so nearly stamped out by the untiring efforts of scientists, and are now devoting themselves to the alleviation of suffering by means of surgical work undreamed of in the past, and to still further conquering our pestilences of modern times, such as "The Great White Plague," and diphtheria, scarlet fever, and typhoid.

What part the nurse is to play in this warfare will depend upon her equipment, if she is to be a help, or, through ignorance, a menace.

The question of "overtraining" should be considered from several view-points. In a brief paper this is manifestly impossible. It will, therefore, be necessary to confine ourselves largely to the standpoint of the nurse and to briefly outline her position.

It is to be assumed that a woman over twenty years of age enters upon a profession with some thought and knowledge of what she wishes to accomplish. In beginning that of nursing it is believed that if statistics could be taken it would be found that the majority of women desiring to enter upon this work wish to be near the sick with a view to taking care of them,—that their ambition is to accomplish the preliminary and probationary period as soon and as well as possible, that they may be intrusted with those duties to which they wish to devote themselves. It is believed that the majority look to the hospital and its training-school as the best means to this end. The results of the last quarter of a century justify them in this decision. It is also assumed that the training-school takes a broader view than the nurse herself at the beginning of her training. The managers of our best schools realize the openings for the trained nurse at the present time. They are constantly being called upon to furnish positions of trust and responsibility with women trained to fill such positions acceptably, and it is their ambition to be able to supply this demand. Therefore the accusation that the training-school connected with a hospital is only trying to get its patients taken care of in the cheapest way possible, and only to its own advantage, we believe to be groundless. The fact should be recognized that a training-school has a reputation to maintain which extends beyond the limits of its immediate boundary, and which in itself is an incentive to progress, and to just and fair dealing with its pupils. The nurse's work must primarily be the care of the sick, as it has been, but the trend of medical research is toward prophylaxis, and in this the nurse's position cannot be ignored. The training necessary to

grasp the present situation, with its various complexities, is not one that can be acquired hastily, but must be the result of a broad, thorough, and practical education. What proportion of this she who would become a nurse must bring with her to the training-school, and how much she should acquire during her course, are questions which educators of long experience are engaged in solving.

The same laws of education must be applied to the nurse that are applied to the student of any other art or science. The process must not be one of crowding or forcing, but time must be given for assimilation and proper development. That a three years' course is better than two in which to accomplish this end, is now being put to the test, and this is the result of mature deliberation and careful thought upon the part of those who are in a position to judge of the needs of the present time. The training-school, with the responsibility of the education of the nurse to meet the immediate needs of the patients and with the responsibility which is put upon it by the community to supply nurses to suit all conditions, finds itself in a position calling for much effort and thought. It should, therefore, hold itself receptive to suggestion, and if it assumes the entire responsibility of the training of the nurse for all necessities, prove itself equal to the task put upon it. The breadth of the modern curriculum is a matter of debate.

To intelligently carry out the physician's orders, and assist him in the work he is accomplishing, just how much knowledge the nurse must possess of such subjects as bacteriology, sanitation, ventilation, dietetics, sterilization, disinfection, materia medica, and other sciences, must be left to those who are devoting their best efforts to the decision of this subject from a wise and conservative standpoint, but one thing is certain, that in the light of recent scientific discoveries the nurse cannot be left in ignorance of the vital part she plays toward the well-being of her patient and toward the community at large. Those virtues which are always recommended to be her especial attributes, such as tact, discretion and loyalty, each highly essential in its way, can never take the place of that knowledge and skill necessary to assist the physician in combating disease along modern lines of treatment. A broader work for the nurse than the confines of a single sick-room or hospital ward has opened before her, and the labors of the district nurse, the nurse in the schools, the nurse as tenement-house inspector and in other lines pertaining to sanitation and hygiene, seem to point to the need of women in the community trained in hospitals to carry on a work which by its wide-spreading influence may aid to bring clean and wholesome living into numberless homes.

In view of the crying need in our large cities of work of this kind, it cannot be said that the nurse is out of her sphere, for if a woman's hand is needed, should it not be that of one whose efforts have been directed along these lines and whose natural inclination prompts her to assume these especial duties? It is, then, of the utmost importance that the school should keep abreast with the progress of the times. There can be but good growing out of the agitation of these questions, and nursing schools can but be benefited by a discussion which naturally calls for some introspection.

How is it best possible for the training-school, with the time and means at its disposal, to turn out a finished product, if the pupil may be so considered, at the end of her course, to meet the greatest need most acceptably? That managers of such schools have had the subject close at heart we have only to look about at the progress that has been made, and to see at the present time the efforts directed toward the establishment of a course that shall be a proper combination of the theoretical and practical. The end is not yet, but much has been accomplished. If the goal had been reached and perfection attained, why should such radical changes in the training-school have been made, and have they not been largely brought about through the efforts of graduate nurses who have felt their own deficiencies and have realized under what great odds their own education was received?

It is too old a story to repeat here of the disadvantage to the probationer and to the patients that the former's first days in the hospital were spent in a busy ward, her only teachers being the nurses whose moments were crowded with their own duties, and to whom the probationer appeared as an added burden. The time will come when this system will be remembered as a most unfortunate one, but the steps which led to its removal, the thought and effort of those who attained preliminary training in spite of prejudice and opposition, will be forgotten.

The question now arises, How much can the hospital do for the members of its training-school?

The subject of expense must, unfortunately, be considered. No one will deny that this is an extravagant age. Hospitals are vying with each other in the expenditure of large sums of money upon buildings and showy equipment, and the training-school shares in the general cost, with the result that at the end of the year the hospital may be confronted with a deficit and lays itself open to the criticism of an outlay without sufficient return. The hospital is obliged to confine itself to certain limits, remembering what an important

factor its training-school is and how much its own reputation depends upon its nursing and the character of its graduates. "The chief duty of a hospital," says an eminent authority, "is the care of the sick, but a hospital has a second important duty to perform, that of education." This twofold work has gone on hand in hand. One has supplemented the other, and it has been the aim of the management of the hospital to keep the balance carefully adjusted. A training which is accomplished at the expense of the comfort of the patients may be termed "overtraining," or, as some one expresses it, "a state of overtraining and under-nursing," but how many hospitals and training-schools will answer to this charge? Are we to understand by the term "overtraining" that nurses are in danger of reaching a condition where the patient's comfort and well-being is lost sight of in the study of symptoms and disease from a scientific standpoint, and that in the absorbing interest of each new subject presented, the hourly and daily needs of a sick patient will become irksome to the aspirant for seemingly higher honors? Or is it simply a mathematical problem, namely: Will the hospital by adding more hours of study for the nurse lessen the hours of nursing for the patient? Obviously not, for this would bring about such a condition of affairs resulting in such a train of errors, as far as the welfare of the patient is concerned, as would not be tolerated by any well-conducted hospital at the present time. The result is necessarily that the nursing force must be increased, and sometimes it must be confessed that the training-school finds itself in an embarrassing condition as far as quantity and quality of applicants is concerned. This may be looked upon simply as a sign of rapid progress and competition which with time will adjust itself to a proper balance of supply and demand, aided by a more uniform curriculum and a fixed standard. This it seems can only be reached by the willingness of training-school authorities to meet on the common ground of discussion and receive from each other the results of their varied experience and thought. Happy is the hospital which, by its environment, reputation and the excellence of its opportunities offered, can draw to its doors a large number of applicants from whom to select only those who seem best fitted to enter upon this work, and after having given such applicants a fair trial, can drop those who have not given evidence of high capability and promise of powers of development sufficient to meet the exactions of the present day. Does not, after all, the root of the matter lie in the character of each individual applicant? It is she, later on, who is by her conduct to bring praise or blame

upon her school and the whole nursing profession, and she should be looked upon in this light from the very start.

The sentiment of the community in regard to the nurse has changed, nor would we have it otherwise. She is no longer spoken of on all occasions as an angel of mercy, nor do her admirers drop into poetry in recitation of her deeds, but a much more sane and practical conception of her value has taken the place of this adulation. This change is but natural, since nurses were set on a pinnacle so high that a fall was inevitable, and it is also a sign of the times, an age of competition, strenuous effort and unrest. In view of this change of sentiment, which, on the whole, is much more to be desired, let us not allow the pendulum to swing too far in the opposite direction without making an effort to see what is said and thought by our critics. Since the nurse has become the subject of rather general comment, favorable and otherwise, a complete outline of these statements is impossible, but a few points may be touched upon as showing the trend of opinion.

If a feeling of independence on the part of the nurse is recognized by her critic, it is doubtless present, for women are becoming more self-reliant every day; there is no denying this fact. Independence is in the air she breathes, and is manifest in all other walks of life. In a woman of thorough education and great capability this trait will be tempered by modesty and a realizing sense of the fitness of things. Nor is there any proof that nurses in desiring a higher education have any motive other than that of becoming nurses.

The fear that nurses will consider themselves doctors should be entirely relegated to the past. The way for women to study medicine is now open to those desiring to become physicians, and the nurse's position is and should be firmly fixed as one who wishes to be an assistant to the physician in every sense of the word. If a nurse wishes to study medicine and become a doctor, it is no more argument for or against than that a man having studied one profession takes up another, as is frequently the case.

With this advancement in technical training, is there any reason to suppose that the ethical training has become any less clearly defined, and is it not evident that in the nurse's effort to obtain a standard by means of legislation for herself and her sisters she has shown a growing, rather than a diminishing, sense of obligation toward the physician and the public at large? That any ulterior motive should be assigned, we believe to be an injustice which would not be borne out by results. The instructors who have given their lives toward

perfecting the art of nursing are living and are with us, and we feel their enthusiasm and inspiration.

If this should be lost, as time goes on, and a spirit of selfishness and commercialism take the place of the spirit of service, then, indeed, would trained nursing prove itself a failure, but not until then. Those who are privileged to have known some of the pioneers in this great work, both physicians and nurses, realize the devotion and self-sacrifice which they put forth and with which they tried to imbue their pupils, and it is this spirit which must be cherished and nurtured, for no amount of scientific knowledge can take its place.

One and perhaps more societies have been formed of late with the object of the education of the nurse in view. At the meetings of these societies opportunity has been given the instructor, the patron and the friend of the nurse to express their opinion of the status of nursing at the present day, and the criticisms that were offered were to the effect that whereas the nurse was seldom found lacking in technical training, she frequently missed those crowning virtues of neatness, order, tact, and discretion and occasionally became a disturbing element in the household, or, in other words, was possessed of some of the frailties of human nature.

Can any school or college, whether of nursing or other science, be expected to eradicate all the faults of the race, and should not these errors be looked upon as individual failings, to be found wherever individuals are found, whether they be clergymen, teachers, physicians or nurses? That these errors are a product of "overtraining" we believe has yet to be proved. That they are due to imperfect training is a matter for consideration.

Let us, however, take warning that it is of no value to train the intellect, the hand, or the eye, at the expense of the cultivation of the human sympathies. The instructor whose motto is, "The sick are with us and must be cared for," and who keeps before her pupils' eyes the fact that the patient's comfort is the nurse's first duty and interest, can hardly be accused of fostering a system of "overtraining." It is the aim of every institution of learning to offer to its students that course of study which shall fit its graduates for all that is highest and best in whatever profession they may select. Nor should this standard be too high for her who has chosen the important vocation of nursing; but, in return, each graduate should not lose sight of the fact that it is by her actual work in the care of each patient under her charge, or by the influence she exerts in whatever line of nursing work she is engaged, that shall decide the question, "Are nurses being overtrained?"

THE PRESIDENT.—I would like very much to have some discussion on this paper.

MISS NEDWILL.—I would like to ask if any progress has been made in the direction of obtaining paid lecturers for nurses?

MISS WASHBURN.—I think I will answer that the Boston General Hospita and the Massachusetts General Hospital have been furnishing paid instructors for some time.

MISS NEDWILL.—The Protestant Episcopal Hospital in Philadelphia has been furnishing paid lecturers for many years, and I am sure it is a great improvement upon the old system. I was trained under the old system. Very often we would wait a whole hour for the lecturer, to find that he had been detained by a very important operation in a distant part of the city, or was otherwise engaged in his profession, and we would go to our rooms without having had our lecture. Now we have our paid lecturers, who give all our lectures except those given by the different nurses; and I am sure it is a much better way.

MISS JAMMÉ.—May I ask what school this was?

THE PRESIDENT.—The Protestant Episcopal, of Philadelphia.

MISS PALMER.—I am sure there are some here who can speak who have knowledge of schools that are paying for lectures for their nurses.

MISS KRUER.—Are you discriminating between internes and lecturers?

MISS WASHBURN.—I am speaking of lecturers.

MISS RANDALL.—The Presbyterian Hospital, Philadelphia, has paid lecturers.

MISS NEWHART.—In the Presbyterian Hospital, New York, the lectures are not paid for, and are given by doctors, but we have a masseuse who is paid for her instruction, a Swedish woman, and we have voice culture, and reading, and demonstrations, that are paid for, but all the lectures are given by professional men who are connected with the institution.

MRS. TWISS.—The New York Hospital has the same system as the Presbyterian.

MISS FORBES.—Isn't there a difference between a masseuse and instructors and lecturers on other subjects, wider subjects, more general subjects? Isn't it better to have perhaps younger men, who make it their business to be there, rather than an older man who does it as a member of the board?

THE PRESIDENT.—I would like to hear some opinions as to whether nurses are being overtrained.

MISS PACKARD.—Ought we to have men for instructors? Why don't some nurses take this up as a profession, coming from schools touching upon these different lines?

MISS ALLINE.—We have a school of economics where nurses are trained to give instruction in these branches.

A DELEGATE.—I am sure training-schools are not ready to accept nurses as teachers. I know one woman who made a very strong effort to do that very thing, a woman who had prepared herself to do it, but training-schools were not ready to accept her.

MISS JONES.—Madam President, we have a graduate nurse who has a class in physiology in a Philadelphia hospital. A Johns Hopkins nurse, after graduation, received a position as instructor or assistant in a training-school, and gave demonstrations.

MISS PALMER.—In Rochester, N. Y., we have a graduate who teaches physiology and has done so for several years, and we find it very satisfactory. Then we have had one who lectured on bacteriology.

It has seemed to me in some institutions where I have been, out in the state

of New York and in other sections, that the development of teaching nurses is going in two directions. The largest and best hospitals have women of practical experience who are employed to be instructors in a great many ways. And there is another kind of school, the smaller and perhaps more isolated school, that has no way of getting women of practical experience. These substitute very largely an extended course of medical lectures. I think in that way the training-school is not developing along proper lines; and we have schools that could get good, all-round practical instructors, and yet they are elaborating more and more their lecture-courses. I think that is an unfortunate method of development, and I think that is tending to injure our training. Of course we are hoping that these schools will broaden their training by affiliation with other schools. But if you go about, as I have done, visiting many places, and look at the curriculum of their schools, you will find perfectly tremendous courses of medical lectures, that it seems to me no ordinary woman can grasp; a woman of ordinary education can't appreciate or use them. I think it has a tendency to develop the schools on slender lines in all of these ways. Then there is a tendency to substitute for good practical methods an elaborate system of medical instruction.

Miss Flatt.—May I speak for a small school where we are not having paid instructors or a very large staff? We have eliminated down to a small staff of instructors. In medical and physical instructions we have had the same men for four or five years, men of skill and large experience, and we find they are eliminating technical medical terms and are running upon the more practical lines, and the nurse is getting much better satisfaction. It seems to me for the middle class of nursing what we need is to have advice and assistance in nursing as well as along medical lines.

The President.—We will have to go on now to the next paper, "The Work of the Red Cross," by Miss Mabel T. Boardman, member of the Executive Committee, American National Red Cross. The paper will be read by Miss McIsaac.

## WORK OF THE RED CROSS

The very inception of the Red Cross was due to the idea of providing adequate medical attendance and nursing for the sick and wounded in time of war, and therefore there is no class of persons to whom it must more strongly appeal than the trained nurses. At the time of the battle of Solferino, when thirty thousand men were left dead and wounded on the field, and the wounded were without medical attendance or care of any kind, a Swiss gentleman, M. Jean Henri Dunant, aided by the peasants of a nearby village, did all that he could for the thousands of suffering and dying men. So impressed was he with the horrors of such a situation, that he published, in 1859, a pamphlet entitled "A Souvenir de Solferino," calling public attention to the frightful, unnecessary suffering of the wounded on a battlefield because of the lack of a sufficient number of medical officers and of nurses. This pamphlet aroused much public interest, and in 1864, by invitation of the Swiss Government, a convention of representatives of many of the great powers of the world assembled

at Geneva, and the "Treaty of Geneva," providing for the neutrality of those caring for the sick and wounded in time of war, for ambulances, hospitals, etc., was prepared and signed by most of the nations represented at this convention. This International Conference, moreover, passed the following set of important resolutions:

ARTICLE I. There shall be in every country a committee whose duty it will be to coöperate in time of war, by all the means in its power, with the sanitary service of the Army.

This committee shall organize itself in the manner which may appear to it as the most useful and expedient.

ARTICLE II. Sections, unlimited in number, shall be formed, in order to second the committee, to which the general direction will belong.

ARTICLE III. Every committee shall place itself in communication with the government of its own country, in order that its offers of assistance, in case of need, may be accepted.

ARTICLE IV. In time of peace the committees and sections shall be occupied with the means to make themselves really useful in time of war, especially in preparing material aid of every kind, and in endeavoring to train and instruct volunteer nurses.

ARTICLE V. In the event of war, the committees of the belligerent nations shall furnish relief to their respective armies in proportion to their resources; in particular they shall organize and place the volunteer nurses on an active footing, and, in conjunction with the military authority, they shall arrange places for the reception of the wounded.

They shall solicit the assistance of the committees belonging to neutral nations.

ARTICLE VI. On the demand, or with the concurrence, of the military authority, the committee shall send volunteer nurses to the field of battle. They shall there place them under the direction of the military chiefs.

It will be noted that three out of the six resolutions dealt with the subject of providing nurses in case of war, showing how important this Conference regarded that special part of the Red Cross work. In the great European Red Cross Societies, therefore, special attention has been given to this department of the Red Cross organization. In the British Red Cross there has been an Army Nursing Reserve Division, but, as the Red Cross has lately been reorganized in England, this reserve has now become an integral part of the Red Cross Society. In France the Red Cross has a number of training-schools for its nurses, from which it has graduated several hundred nurses. In Germany the particular duty of the women's branches of the Red Cross is the providing of trained nurses, and in that country the Red Cross nurses stand particularly high in their profession, being much sought after by private patients. The Austrian Red Cross has over nine hundred nurses, and the Hungarian has likewise a large and efficient corps. In Russia the mainstay of the Red Cross has been its splendid corps of trained women nurses. These nurses belong to lay sisterhoods, and there are a number of large Red Cross hospitals under their management, in which these nurses are trained.

During the late war with Japan the Russian Red Cross supplied

three or four thousand nurses, all of whom had received, besides their regular training, a special course of six weeks for the requirements of nursing in time of war.

The other European Red Cross Societies are likewise well organized in regard to this nursing service.

The Japanese Red Cross educates its own nurses, and the only women nurses in active service during the war with Russia were all educated and provided by the Japanese Red Cross. A limited number of men nurses was also provided by the Japanese Red Cross. In all, forty-seven hundred trained Japanese Red Cross nurses were in active service in the Medical Departments of the Army and Navy. These nurses served in what was called relief detachments, consisting of two surgeons, one clerk, a commissary officer, two superintendent nurses and twenty nurses. Some of these detachments with men nurses were sent to Manchuria. The others, with the women nurses, served on the two Red Cross hospital ships, on the army hospital ships, and in the army and navy reserve hospitals in Japan.

These Red Cross nurses are given their education and sign an agreement with the Red Cross Society that, if their services are required by the Society within fifteen years after their graduation, they will respond immediately to the call.

The testimony of all of our military and naval medical attachés who have been with the Russian and Japanese forces is unanimous in its commendation of the trained nurses of these two great Red Cross Societies. Their patriotic devotion to the service of their country, in the caring for the sick and wounded, has been as useful and as loyal as any rendered by the soldiers of the belligerent powers.

It is the aim and purpose of the American National Red Cross to have the standard of its personnel for active service on as high a plane as is that of these other societies. It will be an honor to be accepted as a Red Cross nurse, and, on the other hand, with our Red Cross nurses will rest much of the honor of our national society.

In time of war, the personnel of the American National Red Cross will become immediately a volunteer adjunct of the army and navy medical services, and act under their orders and instructions. In time of peace, when the society undertakes any work of relief, because of some great calamity or epidemic, the Red Cross branch of the state in which the calamity or epidemic occurs will take charge of the work of relief, and provide from its enrolled medical officers and trained nurses an efficient corps for the required relief work.

The Society has two forms of agreement for its nurses, one in case a nurse is so situated that she feels at liberty to give her ser-

vices, and the other providing for the same salary as that paid to army nurses.

NURSES' AGREEMENTS

"I hereby agree to hold myself in readiness and to enter the service of the American National Red Cross when and where my services may be required as a nurse, without compensation except transportation and subsistence."

"I hereby agree to hold myself in readiness and to enter the service of the American National Red Cross when and where my services may be required as a nurse, with compensation at the rate of forty dollars per month when on duty in the United States, and fifty dollars per month when without the limits of the United Sates, in addition to transportation and subsistence."

This does not mean that any nurse who is in charge of a patient will be taken away from the case, as it is the intention of the society to have enrolled a sufficient number of nurses to provide an adequate corps from the disengaged nurses for relief work in case of a sudden calamity. In case of war, its nurses will go out in instalments, and not all at once. The full number of medical officers and nurses enrolled will be reported annually to the Surgeon General's Department of the Army.

The national society has adopted the following rules for the enrolment of nurses by the various branches. When a large number of nurses have been enrolled by the society, arrangements will be made for special instruction in the requirements of nurses in time of war. The earnest and sincere interest being shown by our trained nurses in the Red Cross promises for our national society a large, efficient and splendid trained nursing service.

RULES GOVERNING THE ENROLMENT OF VOLUNTEER AND PAID NURSES FOR SERVICE UNDER THE AMERICAN NATIONAL RED CROSS

1. All nurses enrolled for service under the American National Red Cross shall be required to show a certificate of registration when enrolled in States or Territories where registration is required by law. Nurses enrolled in States or Territories where registration is not required by law shall show a certificate or diploma of graduation from a recognized training-school for nurses requiring a course of not less than two years.

2. No nurse under twenty-five years of age shall be enrolled for active service.

3. All applicants shall be required to give a physician's certificate of sound health and unimpaired faculties, which certificate shall be renewed every two years.

4. The moral character, professional standing and suitability of applicants for enrolment as nurses shall be determined in such manner as the branch society may prescribe.

THE PRESIDENT.—Are there any questions any one would like to ask in regard to the Red Cross? Are there any reports from any states?

MRS. GRETTER.—I would like to say that the executive board of the Michigan branch is arranging to have its corps of nurses selected by the state association of Michigan.

MISS BROBSON.—I would like to ask what honor it is to belong to the Red Cross, when it allows nurses turned out,—one hundred and fifty or more,—from ten weeks' schools to use the Red Cross and wear Miss Clara Barton's picture?

THE PRESIDENT.—Can any one answer that?

MISS MANLEY.—If I am not mistaken, the Red Cross is making a movement against that sort of nurse using its emblem.

THE PRESIDENT.—At the meeting of the superintendents' society in New York, the subject of a school in Philadelphia claiming affiliation or some connection with the Red Cross society was brought up, and it was stated that they are taking steps to have that eliminated. Also, the red cross, as an emblem, has been used as a trade-mark before it became the special mark of the Red Cross Association, but no future societies will be allowed, or no corporation or organization of any kind, to use the red cross. But we cannot make a law that is retroactive, and in that way prevent those who are already using it from using it. But they are doing their best to make it known that those schools have no recognition from the National Red Cross Society.

We will now have a paper on "Nurses' Training-Schools in Relation to the Young Women's Christian Association," by Mrs. H. E. Coleman, of Ann Arbor, Mich.

## NURSES' TRAINING-SCHOOLS IN RELATION TO THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

I most certainly feel very much like the guest without the wedding garment, as I am not permitted to wear the uniform of a nurse. I have been very glad to hear the papers this morning, and to see how exactly in accord with the work you are doing is the work of our Young Women's Christian Association. I was reminded of a talk I had a short time ago with the president of a college where young women are now sent to get an intellectual training for the society and communities they are going to enter, and the great problem is how to get the good Christian character which is above all. I am sure there are a good many of you who are trying to solve this same problem about nurses who are about to go out to represent your training-schools, and who are to go out to represent this profession. Some of you may have thought of the relation between the Young Women's Christian Association and a Nurses' Training-School. I assure you the Young Women's Christian Association is the very best training-school that has ever been established.

I am glad you have met in this Young Women's Christian Association building, and I hope some of you have said to yourselves, When I go back home I am going into the Young Women's Christian Association, because I like the fellowship and spirit of it. Some of you may not know of the beautiful influence you will find there; and I am sure you will find the same fellowship and welcome. I am sure some of you look back on your college life and will remember

the college Young Women's Christian Association, so that we are not all strangers.

I think you understand the great growth of our association in the schools. First it started in the normal schools, then the universities and colleges and professional schools, and last of all in the private schools, and its influence is of special value in a nurses' profession and life. I wonder if you know that there is practically no college, university, normal school or professional school in these United States of standing,—and I say this advisedly,—practically no school of these characteristics of standing that does not have a Christian association. That in these United States alone there are over six hundred college young women's associations. And so, when I say that I am glad we have a nurses' association, I am saying that I am glad you are coming into fellowship with this great body of students. I wonder if you know that some girls in the colleges and universities had hardly known of its influence, and were perfectly amazed to find how much it adds to student life, with all the characteristics of fellowship and love. And our hope is that there shall be no college in the world without this bond of student life, this life that holds all that is best in Christian womanhood, that trains the heart as well as the mind.

MRS. GRETTER.—Madam Chairman: This is a subject that interests me very much. Many years' experience in training-school work has taught me that in spiritual teaching there is, in training-schools, a neglected field. The pressure of duties in the strenuous life of a hospital crowds some things out, and unfortunately too often they are the great vital things which make life worth while. The lack of spiritual teaching and of spiritual thinking too often makes a lack of right acting; and I believe that in the work of reform and of higher development, in which we are all interested, and for which we are striving, we will get better results the more we cultivate the Christian character, and Christianity will not flourish without cultivation. We need to employ every means taught us by the Great Founder of Christianity to develop the good in our nature. This seems to be one of the means of furthering the development, and I heartily welcome the Young Women's Christian Association to the Farrand Training-School.

The beginning was made only this spring, by forming a Bible class open to all of the nurses. One of the secretaries, Miss Rutherford, volunteered as our teacher, and has been a great help to us The class meets for one hour, from 7:30 to 8:30, on Saturday evening; and from the interest that has been manifested by the nurses, I believe that it has come to stay, and be a permanent feature of our school.

I believe, also, that many of those problems that are vexing us now for solution will be solved easily when we give more consideration to the ethical features of our profession, when we are actuated to do our work more and more through the exercise of the spirit of compassion and of love.

MISS MARY E. LUNTLE.—I would like to speak both from a nurse's standpoint and as a member of the Y. W. C. A. Our nurses will all get great benefit from the influence of the Y. W. C. A. The trained nurses are welcomed by the Y. W. C. A.

THE PRESIDENT.—We all feel very much indebted to Mrs. Coleman for coming here to-day and giving us this outlook upon new opportunities, and we hope all who are interested, and all will be interested, may get all the information they can while they are in this beautiful Young Women's Christian Association building.

MISS HAARER, Ann Arbor.—I am not prepared to speak on this subject of the Y. W. C. A., but I am familiar with the work in the Michigan University Hospital. I can say the Y. W. C. A. has filled a long-felt want, and especially for those who are inclined to draw away from the church, from one cause and another; and it seems to bring to them an exalting touch, if it does nothing more than to lead us to studying the beautiful and helpful Bible, instead of spending our time in our rooms gossiping, which we all know is done in every training-school in the country.

One thing I have never been able to understand, and that is, how any woman can be a good nurse without faith. If I could not explain my own faith and my creed, and if I hadn't something of the kind to fall back on in time of trouble, and even to help the patient,—which, of course, is the most important thing,—I don't know how I could be as successful as I have. I can't understand how any one who has not faith can be a good nurse. Because surely in time of sorrow and trouble, though we never mention God, our patient must feel whether or not we have a confidence and trust in a higher power. It certainly should exceed anything in human skill.

MISS SIBLEY.—I attended a school three years ago, where fifty nurses met regularly every Saturday evening in the class-room to hear some person from the Christian Endeavor Society, and we spent some time in song service, and at other times we all took some part in it, and then we had a regular Bible class in the training-school, which the nurses attended, and that was carried through to the end of the course. They have done considerable towards helping the suffering nurses of San Francisco, and the influence of the Bible class and Christian teaching was of great benefit to the nurses.

MISS HANLIN.—I would like to say that this topic is a real inspiration to me this morning. I have never thought much along this line, though I have always been interested in the subject myself, but have not been very active. In fact, paying my dues to the association is about all I have done.

MISS BETTYS.—I have always kept my interest in church work. I live now in Ypsilanti. I have done but very little Y. W. C. A. work, but I am going home now with fresh inspiration, for I feel that there is a great deal for us to do along this line; for so often does the nurse have to act in the capacity of physician, priest, and nurse, especially away out in the country.

THE PRESIDENT.—We will adjourn the session of the morning now. Those who are interested in state work will please remain, as we wish to have a short meeting for discussion of state affairs.

MEETING OF STATE REPRESENTATIVES, MISS SLY, OF MICHIGAN, PRESIDING

MISS SLY opened the meeting by giving a short résumé of the work accomplished thus far by the Michigan State Association. They will present a bill to the legislature in 1907.

MISS BROBSON (Penna.) wished to know what could be done to interest nurses in state work.

A DELEGATE.—How do you secure good press notices?

MISS BROBSON.—We had a press committee which arranged that, and secured very good ones, but they did not help us.

A DELEGATE.—There should be nurses in each locality where press notices appear, to follow them up by personal work.

MRS. FOURNIER (Ind.)—Our bill was helped by direct letters to senators and representatives, and the different medical societies of the state passed resolutions in our favor. Personal work counted most; we designated to each person a special congressman to write to or see.

MISS HARTMAN (New York).—May we hear Miss Palmer's opinion?

MISS PALMER.—When we were working on our New York bill I was a member of the publication and press committee. We got up an article and got a leading Republican newspaper to publish it. We took the Republican official organ for our official organ. We bought copies of the paper and sent them to women in out-of-town places, asking them to put similar notices in their local papers.

The influence a committee has with a legislature is not so great as the influence of the legislator's constituents. A legislator will be influenced for or against a bill because a nurse at his home has talked with him in its behalf, or he will oppose it because a hospital in his locality does not look upon it with favor. Try to reach the voters through their home people.

MISS BROBSON.—That plan would not have worked with us, for Pennsylvania was ruled by one man and we could not get him.

A DELEGATE (Maryland).—Individual work of nurses helped us most. Circulars were sent to each nurse, and some were appointed to see each legislator. On the day the bill came up, a letter explaining it was on the desk of each.

MRS. FOURNIER.—It is well to have a person appointed to each district and let her subdivide the work of that district among others.

MISS GREENLEES (District of Columbia).—We have the smallest state but the largest body of legislators to deal with. I want to ask nurses all over the country to write letters to their national senators and representatives in our behalf. We would rather have these letters sent, not directly to them, but to the association of the District of Columbia, so that they can be mailed when the right moment for using them comes. We want the influence of the whole meeting.

MISS PALMER.—We ought to have a sectional meeting in connection with the meeting of the Associated Alumnæ, at which state problems could be discussed.

MISS HARTMAN.—I move that this body recommend this at the afternoon session.

The motion was seconded by Miss Coleman, of Michigan, and carried.

MRS. FOURNIER.—In connection with this I want to say that as it is so difficult to get at each other's methods, it would be well to have an interstate secretary appointed for the exchange of information. She could get the printed reports from each state society and distribute them to those who asked for them.

MRS. WILLCOX (Conn.)—We have state registration. We personally interviewed each senator and representative. The State Medical Society helped us by sending letters in our favor to all of its members, and they went to the state house in large numbers when the bill came up to show that they wanted it. They thought we would not need a lawyer, so we started without one, but at our first hearing several sanatorium doctors were present with a clever lawyer to oppose us, so we asked for an adjournment and employed a good lawyer.

MISS AHRENS (Ill.)—How are the funds for legislative work raised?

MISS BROBSON.—We have one dollar admission fee and one dollar annual dues.

MISS COOKE (Cal.) —We started with nine hundred members, and taxed each one dollar for a legislative tax. This was paid in addition to the admission fee and dues. Our secretary gave three months of her time wholly to this work, and was

paid seventy-five dollars a month. Our dues formerly were: initiation fee, two dollars; annual fee, one dollar. We have now raised the annual fee to two dollars. For the next three years all applicants for membership must also pay the legislative tax of one dollar.

MRS. WILLCOX.—Our initiation fee is two dollars; annual fee, one dollar. From this we have paid all our expenses and have a surplus in the treasury.

MISS DAVIS, (Mass.)—Our fees are two dollars. The work by members has all been done gratuitously. We think we can better plead our own cause before the House, if we ever get there. Our bill has been criticized. It was drawn up by a lawyer, and his bill of twenty-five dollars has been our only expense. Letters were written to every member of the legislature. The laws of Massachusetts are peculiar in that the bill goes to the committee first, before being presented to the House. Ours has gone to the committee, and stays there. We can't get it out. We were advised to try to get a majority of the voters in the House and see whether they could vote down the committee, but we did not succeed.

MISS DAVIDS (New York).—Our funds were raised in the beginning by voluntary subscriptions and a ten-cent per capita tax. Now the individual fee is two dollars, and there is a twenty-cent per capita tax. When an amendment in opposition to our bill was introduced into both houses by members from Brooklyn, the nurses in Brooklyn went to work and the amendment failed.

MISS AHRENS.—When more money is needed to meet legislative expenses, is it better to raise the dues or tax the members? Both times our bill has been up there has been special taxation to meet expenses. The question now before us, to be decided at our next meeting, is whether we shall raise the dues.

MISS COOKE.—If you raise the dues, you have solved the question for all time.

MISS DAVIDS.—We are thinking of reducing our dues now.

A DELEGATE (Virginia).—Our dues are two dollars, one dollar of which is for sick benefit. We meet in different cities of the state to arouse interest in different sections. We have decided that if we do not receive invitations enough we will invite ourselves, hire a hall, and pay all our own expenses.

MISS WYCHE (North Carolina).—We got our bill through without any money. The lawyers who helped us made no charge for their services. There was some trouble over the clause against sending nurses out for private duty during the first two years of their training.

A DELEGATE.—What are the registration fees in the different states?

All those who spoke gave the registration fee as five dollars.

MISS DOE (Ohio).—Our initiation fee is one dollar; annual fee, one dollar. This has covered our expenses except during the first year. The balance the second year was fifty-three dollars; now we have on hand one hundred and forty dollars. A man in Columbus who rented rooms in a building he owned to nurses, started a correspondence school for nurses and his tenants all left him. The Columbus Association took up the subject.

A DELEGATE (Rhode Island).—Our association is struggling. Our bill was downed by the influence of the insane hospitals, and then the man who was to present the bill in the legislature for us died. We hope to get it in next year.

## AFTERNOON SESSION

THE PRESIDENT.—The meeting will come to order. We will now hear from the secretary with reference to the invitation for the place of meeting next year.

THE SECRETARY.—Richmond's formal invitation was read yesterday morn-

ing for 1907. San Francisco is desirous of having the association there in 1908. There has been a formal invitation from them read also. These came in this morning.

"The Graduate Nurses' Associations of St. Paul and Minneapolis, nine in number, extend an invitation to the Associated Alumnæ of the United States to meet in St. Paul, 1908."

"A cordial invitation is extended to the Associated Alumnæ of the United States to hold the tenth annual convention (1907) in the Borough of Brooklyn, Greater New York, by the six Associations represented at this convention."

THE PRESIDENT.—There has been some suggestion made for biennial meetings. From the invitations we have received, we may have to have two meetings every year. A motion is now in order in regard to the place of meeting next year. I think it has been practically decided upon that we go to Richmond next year, but we are required to vote upon it formally.

MISS ROBINSON.—I move we accept the invitation from the nurses of Virginia to hold our next meeting in Richmond, in 1907.

The motion was seconded by Miss Weber and carried.

THE PRESIDENT.—The executive committee desires you to take some formal action in reference to California in 1908. If you decide to go there at that time, it will, of course, mean a great deal of preparation on their part; and, if we go there, we hope to have a meeting of the American Federation of Nurses (the Superintendents' Society and The Associated Alumnæ), as we had in Washington last year. It was voted in Washington to hold a meeting of the Federation of Nurses every three years. I think that would be the date for it. The president of the Federation, Miss Nutting, is very much in favor of it, and so is Miss Goodrich, the president of the Superintendents' Society last year, and I am sure Miss Banfield, the present president, will also be; and it would be as well to decide in regard to it at this meeting, so that we can be planning and looking forward to it; and it would be a very good way of using up our surplus money, that was spoken of last night. If you desire to attempt a meeting in California in that year a motion is now in order.

MRS. FOURNIER.—I move that this association hold its meeting in 1908 in San Francisco, Cal.

The motion as made, and, seconded by Miss Mitchell, was carried.

THE PRESIDENT.—Under the new by-laws we have to appoint a nominating committee; two by the president and three from the floor. It is in order now to make that appointment. The Chair will nominate Miss Sly, of Michigan, and Miss Hartman, of New York. We will now have the nominations from the floor.

MISS SELDEN.—I nominate Miss Greenlees, of Washington.

MISS DEWITT.—I nominate Miss Krueger, of the Illinois Training-School.

MISS BROBSON.—I nominate Mrs. Twiss.

THE PRESIDENT.—The motion is now in order that these five be appointed the nominating committee: Miss Sly, Miss Hartman, Miss Krueger, Mrs. Twiss, Miss Greenlees.

The motion was carried.

Is there any other matter any one wishes to bring before the meeting?

MRS. FOURNIER.—I would like to make a motion that a new committee be organized, composed of the state presidents and secretaries of all the affiliated societies belonging to this association.

MISS HARTMAN.—I second that motion.

THE PRESIDENT.—Please state what this committee is to be for.

MRS. FOURNIER.—It was suggested at the meeting this morning, on state work, that there should be such a committee to do the work of collecting informa-

tion and other things that are of interest to our state organizations. This committee might be able to gather together statistics, the bills carried, and the steps taken,—to centralize this information.

THE PRESIDENT.—It is moved by Mrs. Fournier that a committee on state records and state statistics be appointed, consisting of the presidents and secretaries of the affiliated state societies. It is to carry out a suggestion made at the meeting this morning of the committee on state work.

The motion was put by the president and carried.

THE PRESIDENT.—The recommendation in regard to the programme will be referred to the programme committee, and I am sure will be adopted.

Are there any other matters to bring before this meeting? I think Miss Palmer was to say a few words this afternoon about the JOURNAL. If she is not here, I will call upon Miss DeWitt, our new private nursing editor of the JOURNAL.

MISS DEWITT.—In my work as a private duty nurse during a good many years, I have come across many little things that I thought would be of interest to the JOURNAL; and a good many questions have arisen in my mind that I thought I would like to see taken up in the JOURNAL; but I have hesitated to write Miss Palmer about these things, because I felt she was such a busy woman and it was too bad to infringe upon her time, to ask her to consider anything that seemed unimportant. Now I want to be considered as a stepping-stone to Miss Palmer, and I wish the private duty nurses all over the country to bring any subject they are interested in to me, for I have time to attend to it. All of us who have anything to do with the JOURNAL want to make it of practical use to every one, and we can do it best if we have the coöperation of the nurses themselves; and I want especially to ask you to tell us what you want to see in the JOURNAL. If you will suggest subjects you would like articles written upon, we shall be glad to find people to write upon them; and we should be glad to have those who can, and will, write for us. If you will do all you can to help us in this way, we will try to make the JOURNAL more helpful to you.

THE PRESIDENT.—We will now hear the paper on "District Nursing as a Part of the Training-School Curriculum," by Miss Minnie H. Ahrens, Provident Hospital, Chicago.

## DISTRICT NURSING AS A PART OF THE TRAINING-SCHOOL CURRICULUM

This is a question which has been considered upon several occasions during the last few years. During that time there have been few new developments, so please bear with me if much that I say is what you have heard before. The nurse, above all women, should be one with a broad outlook upon life and should be acquainted with existing social conditions and humanitarian movements. She is expected to fit into all kinds of places and cases. Many times the nurse is called into a home where the mother is ignorant of the best way of caring for her family with the means at hand, and this is the opportunity afforded the district nurse. She is expected to be able to teach this mother and show herself a friend as well as a nurse.

Incidentally she teaches the need of cleanliness, preparation

of food, and the precautions that should be observed to prevent disease.

Who has done more to educate the poor and destitute in caring for the sick in their own homes than the district nurse? Take for example the work done for tubercular patients. No one has ever done what the district nurse has accomplished for this particular class of patients during the last five years.

All are willing to grant that the work of the district nurse is important and valuable, and that only a woman with special qualifications and training can accomplish it. Many of the women in our training schools have not these special qualifications, *but some of them have*, and should not the training-school give them sufficient knowledge of the work to enable them to become proficient? Even those who are not qualified would obtain a broader view of life which would help them when called to the homes of the more fortunate.

Several schools throughout the country have already added district nursing to their curriculum, one school having an endowment fund for the support of a supervising nurse. This is an ideal plan, but few schools are as fortunate. During what period of the nurse's training shall this training be given? Nurses in the first and second year should not be sent out from under the instruction and supervision of their teachers in the schools; and again, young nurses cannot comprehend the problems which they will encounter, and consequently are unable to solve them. Again, we are not justified in sending untrained nurses into the homes of the poor, any more than into the homes of the more fortunate. So it seems that the training should be given during the latter part of the third year. To send out third-year pupils is difficult, for they often act as head nurses and fill places of responsibility. District nursing should not be undertaken by schools unless personal instruction and supervision can be given. Immediately the question arises, How may this be done without a large increase in funds? Superintendents and their assistants are already burdened to the fullest extent.

Chicago having a well-organized Visiting Nurse Association, one of the training-schools has adopted the following plan, which has been found to be of benefit both to the association and the training-school: "Third-year nurses are sent out with a member of the visiting nurse staff, going in the forenoon with the nurse on her rounds, and receiving instruction. In the afternoon she is allowed to visit three or four cases alone, after which the visiting nurse goes over the same ground, examining and criticising the work done, and makes a report upon it the following morning to the nurse whose work she

has examined. The nurse upon her return to the hospital makes a written report of these cases both to the superintendent of the school and to the Visiting Nurse Association, and in this way the superintendent is kept informed of the work done by the pupil nurse. Perhaps one of the disadvantages arising from this plan is that the nurse acting as instructor and supervisor may not have been well trained and may not have the best methods. This is not a serious disadvantage, however, for Visiting Nurse Associations are very careful to employ the best nurses. Next fall the school expects to add lectures on philanthropy to the third-year lecture course.

This school is also affiliated with the outpatient department of a large lying-in hospital, having charge of the district in which it is located. Calls may come directly from the patient to the school, in which case the lying-in hospital is notified. The greater number however, come directly from the lying-in hospital from which the physicians are sent. As soon as the call is received, a senior nurse who has had obstetrical training is sent on the case. If it is her first call, a nurse who has completed this training is sent with her; otherwise, she goes alone, remaining until after the delivery, and until the mother and baby have been cared for. The nurse then calls every day until the mother is able to care for the baby,—from ten to fourteen days. A written report of the patient's and baby's condition is left in the superintendent's office each day, and a daily report is telephoned the lying-in hospital.

There are probably many disadvantages in such a plan, but I believe that the benefits which the nurse derives from the humanitarian and social side counterbalance the disadvantages. It certainly gives the pupil a fairly comprehensive idea of the work, at least to the extent of knowing whether she wishes to follow it after graduation; then, if she does, she will not grope along in darkness, as so many nurses in this line of work do, for at least three or four months.

It is said that a nurse entering district work is of little or no assistance to the association for the first few months, which would not be true of the graduate who had served two months during her training.

This is much too short a time for any woman to learn district nursing, but if in that time she may lay a foundation and acquaint herself with home conditions, she has gained much that will serve her later.

The development of this side of the woman in the training-school will tend to give her a broader viewpoint of the profession, and not make the commercial side the first consideration, as it so often is.

THE PRESIDENT.—The paper is open for discussion.

MISS NEWHART.—May I ask if these pupil nurses stay in the tenement all night?

MISS AHRENS.—No; the pupil doesn't stay for any length of time; no longer than the district nurse,—two or three hours at a time.

MISS NEWHART.—Do they stay all night on obstetric cases, I mean?

MISS AHRENS.—Not generally. They stay nights if it is necessary, of course.

MISS NEWHART.—Does the nurse go home before the case is over with?

MISS AHRENS.—Just as the doctor upon the case sees fit.

MISS NEWHART.—Who is responsible for that nurse? Is the nurse that does the district nursing responsible for her?

MISS AHRENS.—The nurse of the visiting nurses' station takes this nurse each morning and goes over the work with her and instructs her on the cases she has. Some days the nurse goes with her during the whole day, and often she is given three or four cases during the afternoon to look after herself. These cases are, of course, chosen by the nurse in charge of the district, and she in turn is responsible for the work of this nurse.

A DELEGATE.—Does the doctor belong to the hospital?

MISS AHRENS.—No; not to the hospital at all.

MISS NEWHART.—I have charge of a district hospital in New York. We don't send the nurse out after seven o'clock at night. We have a staff of students at the colleges whom we send if the case comes up after seven o'clock, and the nurse doesn't accompany them. I think in a school where there are a lot of young women you would think twice before you would send a young pupil to some of the tenements, which are often in very poor, rough localities, with a student you don't know. The student may have a good record at college, but we all know how large these colleges are. I think some superintendents would not allow them to go out and come in at all hours of the night; and I was simply asking how they did in Chicago, to see if they have any trouble about it.

MISS AHRENS.—They don't go out with the students at night; they are retained in the hospital. They call in the evening and see that the nurses are brought back to the school.

MISS MCISAAC.—May I ask the personal experience of the chairman, who has had a very wide experience in district work, about sending pupil nurses out for work?

THE PRESIDENT.—The Chair does not want to express any definite opinions as from the Chair, but as the nurse in charge of the district nurses in Bellevue Hospital I would like to say that I am not in favor of it. I think that the work demands long training and experience, which we cannot get from pupil nurses, even in two months' time. The nurse needs a knowledge of the conditions in the tenements that she cannot acquire in a short time. And I believe very strongly in the matter, that district nursing should not be a part of the training-school curriculum. I think the woman who feels that she must take up that work should enter some district nursing association and be trained in it.

Our hospitals are not merely for the training of pupil nurses; they are for the care of the sick, and our district nurse work should be for the same purpose, to teach the nurse the same thing,—to take care of the poor sick people in their homes. The longer she is in the work, the more valuable she becomes; and it takes long,—perhaps years of experience,—before she does reach that standard. We don't usually use pupils in our district nursing work. We don't have the regular district nursing, and I have one pupil nurse only that I am using a little in district work, and I send

her only to collect information, to find out if patients have ever gone to a hospital, or the reason why they are not going to a dispensary, and work of that sort. Patients don't like changing. In the district they get to know the nurse, and they cannot feel in the same manner and have the same confidence in the nurse, who is a stranger. In district work I think it so much better to have one nurse in the district doing the work for the district. If it is found necessary or desirable to have some pupil nurse work, let her work under a district nurses' association. That is what I believe about it, personally.

MISS AHRENS.—I wish to say that I am perfectly in accord with what Miss Damer has said in regard to district work. The nurse I speak of in this work is under supervision of a visiting nurse, and I should heartily say, don't send pupil nurses unless they are under supervision. But in this way the district nurse has been able to accomplish a great deal more work by having two learners as assistants, and the nurse has gained a great deal of benefit from it.

THE PRESIDENT.—She is working under supervision.

MISS AHRENS.—Yes; she is with the nurse all the time except that she goes out in the afternoon and calls on some cases, and those cases are always chronic cases. She doesn't call upon any new cases. And she is responsible to the nurse for her work.

THE PRESIDENT.—The next is a paper on "Theory versus Practice in Visiting Nurse Work," by Miss Harriet Fulmer, superintendent of the Visiting Nurse Association, Chicago. Miss Fulmer is not able to be present, and it will be read by Miss Smith.

## THE THEORY AND PRACTICE OF VISITING NURSING, AND THE ATTITUDE OF THE PROFESSION TOWARDS IT

In the last few years visiting nurse work has been so ably written of by the women of our profession that I feel apologetic in attempting to present these few words, and only do so from the selfish motive of hoping to secure some wise and valuable advice from the discussion of a question which has great bearing upon the future of the work.

The sphere of the visiting nurse is enlarging rapidly, and in proportion as the work has grown in area, it has also grown in social importance in its relation to all public activities in the various civic centers and the country at large. She is now a familiar figure not only in the highways and byways, where she ministers professionally to the sick poor, but in every place where trained and disciplined service is needed. The public schools, the juvenile courts, the boys' clubs, the convalescent homes, institutions for the care of the indigent, and relief agencies of every sort find her a useful adjunct to their work. There is no longer need to explain to the public and lay world the value of the work as a great educational, remedial, and sanitary agency. What of its importance and interest to the nursing world? Does the practice of the work appeal to our members?

The various phases of it are discussed daily in conferences relating not only to nursing but to sociology, philanthropy, and municipal government. Medical, nursing, and lay journals have left no stone unturned to tell in varying degrees of intelligence of the plans and development of the work. With all this apparently increasing interest from the outside, why are nurses still apathetic in this great cause? Is there something wrong in the theory or the practice, that so few of our graduates take it up? It seems to me to be a most serious question to consider, and its solution will make or mar the further progress of the work. If it is—as the majority concede,—one of the great forward movements of the century, then why are not our best nurses to the fore? Why do visiting nurse openings go begging, or else are filled by inferior nurses who ought not to be in the profession at all, least of all as visiting nurses? I have no reason to be discouraged over the great possibilities of the work, but by the scarcity of competent workers. Is our theory and plan lacking, and where? It is not a question for the few already in the field to decide, and we need the counsel of representative nurses who have not yet joined our ranks. In one state last year three hundred and twenty nurses received diplomas. From this number but *two* came into district nursing, though at this time there were ten openings in the field. In Washington last year it was hoped that the superintendents' society would declare in favor of incorporating the training in the senior year of the nursing-schools and thus bring pressure to bear with the pupil nurses. Two or three schools took up the method voluntarily, but up to date none of them have furnished recruits to visiting nursing. Surely from the now thousands of graduate nurses in this country we ought to find a few hundred who are willing to come to our aid. It requires hard labor and great patience;—what nursing does not? It *is* fairly remunerated. Hundreds of private nurses earn less every year, and we are not willing to believe that a commercial spirit dominates our profession. So two possible objections to the work are not unlike those that occur in other branches of the profession. If our system is wrong, we are open to reform methods. Visiting nursing has gone far beyond the "fad" stage. It is largely concerned in teaching the people whose mode of living contributes to the poverty, uncleanness, and unsanitary conditions of any community; and to accomplish our work we must have wise, well-trained, intelligent workers. This is not a new theory. It has been maintained for years, but there was never so great and urgent a need for emphasizing it as now. This does not mean a reflection upon the many splendid women who are now in the work. but the field is broadening

daily, and we find ourselves handicapped by the limitations of the members of our own profession,—or what is worse, a lack of interest in public affairs.

Through the advice and influence of the members of this Associated Alumnæ we ought to awaken our interest in visiting nurse work, the present lack of which is a discredit to our profession.

I feel sure the frank discussion of this subject will be of interest to us all.

THE PRESIDENT.—Any remarks upon this subject?

We now have the pleasure of listening to some remarks on the conditions in San Francisco from a nurse's standpoint, by Miss Cooke, delegate from California and editor of the *Nursing Journal of the Pacific Coast.*

### CONDITIONS IN SAN FRANCISCO

MISS COOKE.—Miss Damer wishes me to say something of the condition in San Francisco from the nurse's standpoint. The prospects are not very bright at present. I think the brightest outlook is for the laborers, skilled and unskilled. I have heard a number say that they thought there would be a good deal of sickness, but we are in an unusually fine condition in regard to health, despite the exposure of many and their life in tents out of doors. So that as far as thinking there might be need for the services of outside nurses in San Francisco at present, I am sure it would be a great mistake to go there.

Many of our resident nurses will have to go away. The next two years, I think, will be hard years as far as obtaining work, and some of the leading physicians there have advised nurses, who have called upon them to inquire as to their prospects, to go away by all means and spend the next two years, unless they have an established practice.

There were at the time of the fire, I think, eleven hospitals destroyed. That, of course, has thrown a good many pupil nurses out of their hospitals to rely upon the public. Some of them, of course, have homes, and have gone to the country to their homes. Many of them were within a short time of graduating, and are, of course, very much disappointed about it. They began to busy themselves finding another hospital somewhere to enter.

The local superintendents' society long ago made rules against taking pupils in and granting them any time; after this disaster they decided they would take pupils from the schools that had met with this misfortune, but I don't know what time they will have granted them.

Then, we have in San Francisco County the county nurses' association, of which there are, I think, nearly five hundred members. Just as soon as our officers could find each other after this disaster, we arranged for a relief committee, and put notices in the papers, and, in fact, letters had been sent to leading members inquiring for nurses that reached headquarters. We then put notices in the papers that all contributions to the nurses of San Francisco might be sent to the headquarters of the County Nurses' Association, where we had temporarily arranged for this relief committee. We had heard of a number of people and societies who were sending contributions to the relief of nurses, and up to the time I left home, a week ago this Tuesday, we had, I think, about three hundred dollars that had come in, though quite a little of which we had heard had been sent some weeks before, through the

Red Cross Society, and we understand the Red Cross Society does not contribute to individual societies, but disposes of funds direct to the people.

The physicians of San Francisco made appeal that all funds for their relief be sent to their society. They felt that they were in better position to do for their members, and not only for their members but for others, than the Red Cross Society or any one else outside. That is the way the nurses felt about the relief for the nurses of San Francisco County. We made this prominent in the notices in the papers, which are running still, that we are desirous of helping all nurses, whether they are members of the association or not, and also pupil nurses,—all those who suffered loss.

Of course many, practically all, of them, had just the clothing they could jump into at the time, which was trivial. Many who were with their patients at the time stood by their posts, naturally, as soldiers would, and could not get away to get anything from their homes; and a little later, perhaps, when they could be relieved to go to their homes to get a few of their possessions, they found upon reaching their homes that the patrol prevented them from entering; yet it may have been two days before the fire destroyed their dwellings.

It was so with my own apartments; I succeeded in saving nothing but a few pictures, which I valued very much, and my clothing. That was all out of a little five-room apartment with all its furnishings. On the second day, rather early in the forenoon, following the earthquake, I returned to my apartments to get something that I had forgotten and especially valued, in order to save it, and I was not allowed to enter, but was met by a soldier who told me I must leave there as they were blowing up the building. I didn't stop to watch my little home go, for I preferred to think of it as I had always lived in it.

Just at this time one of our valued workers, Dr. Griswold, is at home. She was abroad at the time of the disaster, but returned at once to San Francisco. She is chairman of the relief committee, and has been to see and talked with members of the Red Cross Society, and I understand from letters that have been received from there, we are now receiving contributions from the Red Cross Society.

The relief committee meets every Thursday afternoon at headquarters, and many kind offerings have been sent in for the help of our nurses. Many of them lost their homes, and one of our plans is to rent a house in as prominent a position as possible. They are at work on that now, trying to find a satisfactory house and location, where the homeless nurses may make their home and have a central directory, and try to supply the needs of those who require nursing right in the city.

After the first few days many outside nurses came there and were sent back by the city authorities, for they didn't know just what to do with them. By this time the local nurses had gotten into shape and were supplying the needs. A number of the nurses who came in and were sent back by the authorities became somewhat vexed, and also by the request sent out by the authorities that no more be sent into San Francisco.

If there are any questions any would like to ask I would be glad to answer them. I wish to say that we thank you very much for the kind expressions of sympathy we have received for San Francisco, and for the contributions to us. We are very, very grateful, I assure you; and it did us all very great good to receive letters, many from entire strangers, expressing sympathy for us, and encouraging us in our work. I want to express our sincere thanks and gratitude to all nurses who have anywhere contributed to the relief of the nurses there.

THE CHAIRMAN.—It seems to me there is an opportunity here for us to show our sympathy in a practical way for the homeless nurses in San Francisco.

MISS DURKEE.—I would like to move that the National Alumnæ of the United States donate at least one hundred dollars for the benefit of the afflicted nurses in San Francisco.

MISS BROBSON.—I should think our alumnæ could do better than that.

MISS DURKEE.—I said "at least" one hundred dollars.

THE PRESIDENT.—I think we should do all we can afford to do. Perhaps our funds are in such a state that we can do more than that. What is your pleasure?

MISS BROBSON.—I make a motion that the amount be increased. I should say five hundred or three hundred dollars.

MISS COOKE.—We are now receiving funds that were sent us long ago and were delayed in reaching us. You have some special purposes for the funds of your association, and personally I do not want to tax your funds in our behalf. Small contributions are just as gratefully received as though you taxed yourselves, and I would really feel better to feel that you were not making any real tax that is going to be felt, to set back any work. We all want to progress and we must have funds in our central body. As I say, we have had some nice little contributions and we hear that we are going to receive more, and we would feel better if you did not contribute more than you can conveniently.

MISS BROBSON.—I would like to second the motion for three hundred dollars to be sent to San Francisco.

THE PRESIDENT.—Will the treasury contribute that amount or shall individuals make it up?

MISS DURKEE.—I make a motion that it be paid from the treasury.

THE PRESIDENT.—The treasurer assures me that we can pay that amount.

The motion as made and seconded was put by the president and carried.

MISS COOKE.—I am sure our association at home will be more than grateful to you for the great assistance you have rendered them.

THE PRESIDENT.—Our afternoon has spun out beautifully, and I think we will be able to do all we planned for, and be able to hear the other paper, on "District Nursing in Boston," by Miss Martha H. Stark, Superintendent of Nurses, Instructive District Nursing Association, Boston. The third paper, on District Nursing in Buffalo, has not been received. Miss Shields will read the Boston paper.

## THE ADVANTAGES OF DISTRICT NURSING BEING A PART OF THE HOSPITAL CURRICULUM OF THE TRAINING-SCHOOL FOR NURSES.

It is my belief that district nursing should form an important part of the nurses' curriculum and at least two months should be allowed for such work, preferably during the last year of training.

The district training of these nurses should be done (where it is possible) under an organized district nursing association. The nurses of this association, being hospital graduates, and having a thorough knowledge of the various requirements for this field of work, would act as head nurses to these student-nurses, who in turn would be practically assistants to the regular district nurses. The hospitals' methods of training to these assistants would not be interfered with but sim-

ply supplemented, as far as possible, in the district homes, under the instruction of the regular district nurses. These nurses are all under the supervision of a superintendent.

The opportunities of district nursing are many. In the hospital, you have the patient, the nurse carries out the physician's orders and those of the head nurse; she has only to reach out her hand and everything is there to work with, thus making the plan of her work comparatively light. In the district homes, she not only has the physician's orders to carry out, but many other problems, which arise from misfortune, disease, poverty, and sorrow. These questions confront the assistant, and probably at no experience, in or out of the school, will she appreciate more that the "nursing personality" counts for a great deal, and she then decides that nursing is "the noblest of professions and the meanest of trades," and that district nursing is certainly character-building for a nurse. In the homes of the district patients she has not only the patient to consider, but the whole family, where tact and patience must be acquired (if not inborn) to get along under the most trying circumstances with the entire family without friction in the home, be it the cheerless attic, the damp, dark basement, or perhaps a more pretentious home of the small wage-earner, the lodging-house. The assistant now learns adaptability and also her responsibilities to care for medical, surgical, obstetrical, acute and chronic patients, dealing with not only the patient, but the family as an individual; so with these patients she must learn to act, to decide for herself, and to improvise and economize (especially in supplies and utensils). And where is she to get this home experience if not on the district? For in her work after she leaves the training-school, among people with money, she will find that they are quite as saving as people of limited means.

Not only does the assistant nurse reap the benefit of her experience on the district and return to her hospital better able to cope with the problems there, more sympathetic and tactful, but she has been of great assistance to the district nurses, already grounded in the work; and as she herself instructs and advises the assistant nurse, she is broadening and learning the better to appreciate the many opportunities of life, more determined to carry out faithfully from day to day the duties entrusted to her, combined with the thought never to enter a home without instruction being given for wholesome living, the simple art of domestic nursing being taught, which will enable the district people to take better care of their bodies and live more wholesome lives.

THE PRESIDENT.—Is there any other matter that any member would like to bring before the association? If not, I will call for the report of the committee on resolutions.

MISS COOKE.—The committee on resolutions take pleasure in presenting the following report:

"That we extend a vote of thanks and appreciation to the Wayne County Nurses' Association for their invitation to meet in Detroit, and for a most enjoyable time during our stay; to the Board of the Y. W. C. A. for donations, and to the Secretary, attendants and members of the Y. W. C. A. for their courtesies extended; to Bishop Williams; to the City of Detroit for the cordial welcome extended to us through Alderman Heinemann; to the women of Detroit for the greeting and hospitality extended so graciously by Mrs. Robert Service; to Mrs. H. E. Coleman, of Ann Arbor; to the Detroit Visiting Nurses' Association for their entertainment; to Parke, Davis & Co., for courtesies extended during our stay in Detroit; and to the press of the city of Detroit.

"Signed by the committee on resolutions.

"MISS M. E. P. DAVIS,
"MISS E. P. UPJOHN,
"GENEVIEVE COOKE, Chairman."

THE PRESIDENT.—All in favor of adopting these resolutions will signify it by rising. The motion is carried.

MISS COOKE.—The committee on resolutions further report:

Whereas, The graduate nurses of the District of Columbia are working to secure registration, and,

WHEREAS, The associations represented here, knowing the value of registration to the public in general, and to nurses,

*Resolved*, That the National Association here assembled, representing ten thousand or more nurses, endorse their efforts and support them in their work.

THE PRESIDENT.—All in favor of the adoption of the resolution will please say yea. Those opposed, no. Carried.

We will now call for the report of the nominating committee.

MISS SELDON.—The whole number of votes cast was one hundred and seventy, one hundred and sixty-nine of which were for Miss Damer for president. The other officers elected were: for first vice-president, Miss Georgia M. Nevins, Washington, D. C.; for second vice-president, Mrs. L. E. Gretter, Detroit; for treasurer, Miss Anna Davids, New York; for secretary, Miss Nellie M. Casey, Philadelphia. The two directors elected are Miss Sarah E. Sly, Birmingham, Mich., and Miss J. A. Delano, New York.

MISS DAMER.—I desire to express my thanks to you for the honor you have conferred upon me, and the confidence you have reposed in me. I hope we will continue our very best efforts for next year's work.

MRS. GRETTER.—Your second vice-president appreciates very much the honor that has been conferred upon her in bestowing this office upon her. She will fill it to the best of her ability. And this gives me occasion once more to tell you how very glad we are that you met here with us this year. If you have had half the pleasure in being here that we have had in meeting you and in entertaining you and visiting with you, we feel you have certainly had a good time. I only wish you could see in our hearts and see how very glad we are that you have been with us, and we hope you will come again.

MISS DAVIDS.—I think 'most every one knows me here individually. I thank you for the honor conferred, and hope to meet you all next year, and I hope during the year the JOURNAL fund will not be forgotten.

THE PRESIDENT.—We will have a few words from our new director, Miss Sly.

MISS SLY.—Madam President and members: I thank you for the honor that is conferred upon me in electing me director for this year. I will do my utmost to serve you as best I can. I thank you again.

THE PRESIDENT.—The chairman of the committee on state work desires the presidents and secretaries to confer together in one of the other rooms, and appoint some one who will act as secretary for them.

This brings our convention to a close.